

04141
EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1953

FRANK LANGFORD

M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

*County Medical Officer of Health and
Principal School Medical Officer*

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EAST SUSSEX COUNTY COUNCIL.

To the Chairman and Members of the East Sussex County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit the fifty-ninth Annual Report on the health of the Administrative County of East Sussex.

As the Annual Report for 1952 was based on a detailed survey of the services provided by the County Council as local health authority under the National Health Service Acts, it has not been thought necessary to repeat all the details this year. The comment made last year, however, to the effect that services are limited mainly by the amount of money available remains true: indeed, from time to time the County Council will have to decide, when the cost of a service goes up because of an agreed wage award, whether to apply a cost limit and therefore reduce the amount of service given or to give the same amount of service and accept the extra cost.

In the case of the Home Help Service, for example, it is accepted that providing a Home Help in a home may keep a family together (the most important consideration), and save the high cost of treatment in a hospital; but not every ratepayer is willing to shoulder the small burden of increased rates for this purpose in order to relieve that impersonal creature the tax-payer.

The general health and well-being of the people of the county have been satisfactorily maintained, though there still remain certain unsolved problems such as the availability of a reasonable amount of care for old people living by themselves in their own homes.

The infant mortality rate (at 20.31) is slightly higher than last year's figure of 19.89, and the maternal mortality rate of 1.24 was also higher than 0.24. These percentage fluctuations, however, in low rates represent small total alterations and are bound to occur from time to time.

Reference was made in the report for last year to the contrast between the continued drop in the number of deaths from tuberculosis and the relatively large number caused by malignant disease of the lungs and bronchus.

In 1953, the number of deaths from tuberculosis dropped to 50 (62 the previous year) and I am glad to say that the deaths from malignant disease of the lungs and bronchus were also fewer (114 compared with 136). Nevertheless, even this lower figure is over twice the tuberculosis total, and no one, whether a smoker or not, should remain indifferent to this selective risk. The workers whose investigations into this matter have aroused so much interest and caused so much comment, well-informed and otherwise, claimed no more than that there was some causative and quantitative relationship between smoking of tobacco and the subsequent development of malignant disease in the chest. There may well be some other factor or factors involved and it is hoped that further research will throw new light on the problem; but there can now be no reasonable doubt that heavy smoking is one factor.

I take this opportunity to thank the Chairman and members of the Health and Housing Committee and its sub-committees, and all the other members of County Committees for their consideration and help during the year; also the staff of the Health Department for their willingness, hard work and co-operation.

I have the honour to be,

Your obedient servant,

F. LANGFORD,

*County Medical Officer of Health and
Principal School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,

COUNTY HALL, LEWES.

August, 1954.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1953)

(a) *Members of the County Council:*

Mr. R. B. Barr.
Mr. A. Black.
Miss M. Blount, M.B.E. (Vice-Chairman).
The Hon. Ruth Buckley
(Chairman of County Council).
Mrs. E. F. Cave.
The Right Hon. The Viscount Gage, K.C.V.O.
(Vice-Chairman of County Council).
Mr. G. H. Goodwin.
Cmdr. R. Handcock, O.B.E.
Lt.-Cmdr. H. R. Hardy.

Major E. F. Holland.
Mr. A. F. Hollins.
Miss F. Kenyon-Stow.
Mr. W. Lindsay (Chairman).
Mr. K. C. Lindsey.
Mrs. C. I. Meads, M.B.E.
Mr. H. G. S. Miller.
Mr. H. F. Parker.
Mrs. L. V. Ryan.
Major H. D. Ryder, M.C.
Miss H. Trouton.

(b) *Other members:*

Dr. A. W. Gardner.
Miss K. Kingsbury, M.B.E.
Major G. H. Powell-Edwards, M.C.

Miss E. A. Probyn.
Dr. J. A. Smart.
Mrs. A. M. Williams.

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT

(including the School Health Service).

County Medical Officer of Health and Principal School Medical Officer.. ..	Frank Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	R. G. Brims Young, M.B., Ch.B., D.P.H.
Divisional Medical Officer	(a) (c) N. E. Chadwick, M.A., M.D., D.P.H.
Assistant (Administrative) Medical Officer..	Ilma B. S. Bingeman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers	J. Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
	(a) L. A. Collins, M.B., Ch.B., D.P.M., D.P.H.
	E. Margaret Douglas, M.B., B.S., M.R.C.S., L.R.C.P. (retired 31.12.53).
	(c) Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S. (Ed.), D.P.H.
	(a) G. M. D. S. B. Lobban, M.B., Ch.B., D.P.H.
	(c) Mary McEwan, M.R.C.S., L.R.C.P.
	(c) N. Newman, M.B., Ch.B., D.P.H.
	(a) J. Petrie, M.B., Ch.B., D.P.H.
	(a) M. I. Silvertown, T.D., M.R.C.S., L.R.C.P., D.P.H.
	(b) R. A. Stenhouse, L.M.S.S.A., C.P.H.
	(a) W. B. Stott, L.R.C.P. & S., D.P.H.
	(a) R. J. Toleman, M.B.E., M.B., B.S., D.P.H.
Senior Dental Officer	P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.
Dental Officers	M. K. Butler, L.D.S., R.C.S. (part-time).
	E. S. Butt, L.D.S., U. Liverpool.
	W. Eddings, L.D.S., R.C.S.
	J. V. Goldie, L.D.S., R.C.S.
	V. L. L. Hall, L.D.S., R.C.S.
	R. H. Hamlyn, L.D.S., R.C.S.
	(c) Frances D. Morris, L.D.S., R.C.S. (part-time).
	Suzanne J. M. Passat, L.D.S., R.C.S.
	(c) Hilda M. Phillips, L.D.S.
	F. P. Rikovsky, L.D.S., R.C.S. (part-time).
	R. C. Virgo, L.D.S., R.C.S.
Dental Anaesthetists	(c) G. E. Wade, L.D.S., R.C.S. (resigned October, 1953).
	A. Curtis, M.R.C.S., L.R.C.P. (part-time).
	Vivienne M. Eggo, M.R.C.S., L.R.C.P. (part-time).
	Josephine Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (part-time).
Psychiatrists	Lamorna Hingston, M.B.E., M.R.C.S., L.R.C.P., D.P.H. (part-time).
	Sigrid Pribram, M.D., L.R.C.P., D.P.M. (part-time).
	Doris K. Small, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.M.

Educational Psychologists	Leslie Gardner, B.Sc.
Social Workers (Child Guidance)	Miss M. Garson, M.A.
	Mrs. N. Dickson.
	Miss J. W. Hasler.
	H. P. Henry.
	Miss P. Lomax.
Speech Therapists	Mrs. R. B. Carter, L.C.S.T.
	Mrs. K. G. Hansford, L.C.S.T. (part-time).
	Miss I. A. Scott, L.C.S.T.
County Health Inspector	T. F. Ayrton.
Assistant County Health Inspectors ..	G. R. Crowther.
	D. A. Warren.
County Nursing Superintendent	Miss G. M. Hughes, S.R.N., S.C.M., H.V. CERT.
Deputy County Nursing Superintendent ..	Miss G. I. Jess, S.R.N., S.C.M., H.V. CERT.
Assistant County Nursing Superintendents	Miss A. M. Borchard, S.R.N., S.C.M., H.V. CERT.
	Miss E. M. Hollands, S.R.N., S.C.M., H.V. CERT.
	Miss M. H. McLeod, S.R.N., S.C.M., H.V. CERT.
	Miss E. M. Pinyon, S.R.N., S.C.M., H.V. CERT.
Midwifery Tutor	Miss E. E. Paul, S.R.N., S.C.M., H.V. CERT., M.T.D.
Area Nursing Superintendent	(c) Miss I. O. Linton, S.R.N., S.C.M., H.V. CERT.
Care Almoners	Miss G. M. Turner, A.M.I.A. (resigned 30/4/53).
	Miss M. L. Shaw, B.A., A.M.I.A. (appointed 4/5/53).
County Ambulance Officer	J. W. Limb.
Home Help Organiser	Mrs. I. M. Fouldes.
Assistant Home Help Organiser	(c) Mrs. F. E. Dibb.
Duly Authorised Officers	(d) Mrs. V. M. Martin.
	(d) A. S. Phillips.
	(d) A. E. Smith.
	M. G. W. Ternouth.
	(d) I. E. Wilson.
Home Visitor for Mental Defectives ..	Miss H. K. Draper.
Home Visitor for Handicapped Children ..	Mrs. G. F. Ayshford Ayre (part-time).
Matron, Day Nursery, Hove	(c) Mrs. M. N. Waters.
Chief Clerk	Geo. F. Akehurst.

(a) Also District Medical Officer of Health. (b) Also Deputy Port Medical Officer.
(c) Hove and Portslade Division. (d) Also Home Visitor for Mental Defectives.

GENERAL STATISTICS.

The **Estimated Population** decreased from 339,450 in 1952 to 335,100 in 1953 because of the coming into operation on 1st April, 1953, of the East Sussex and West Sussex (Alteration of Boundaries) Order, 1953, by which a part of the Worth Parish was transferred from East to West Sussex to form part of the Crawley New Town.

The Registrar-General has, however, provided a constructed population figure of 336,960 for the calculation of the birth and death rates, using the mixed records of births and deaths for the year, i.e. those registered in the area before the change and those registered from 1st April onwards after the change. The statistics are therefore based on this figure of 336,960.

The crude **Birth Rate** for the county was 11.69 per thousand of the estimated population (.16 per thousand less than in 1952). The live births in 1953 totalled 3,938, 85 fewer than in 1952. The number of illegitimate live births in East Sussex was 186 (25 fewer than in 1952) or 4.72 per cent. of the total.

The crude **Death Rate** was 14.86 per thousand in 1953, as compared with 14.09 in 1952.

In order that the crude birth and death rates may be made comparable with those of England and Wales it is necessary that a correction be made by the application of a factor supplied by the Registrar-General to compensate for differences in age and sex distribution in the county as compared with the whole country. The corrected birth and death rates for the administrative county, together with the comparable rates for England and Wales, are as follows:—

	East Sussex	England and Wales
Corrected Birth Rate	12.97	15.5
Corrected Death Rate	10.85	11.4

The **Infant Mortality Rate** was 20.31 per thousand live births in 1953, as compared with 19.89 in 1952. The illegitimate death rate was 21.50 per thousand illegitimate live births, as compared with 14.22 in 1952.

The **Maternal Mortality Rate** was 1.24 per thousand live and still births, as compared with .24 in 1952. There were 5 maternal deaths during the year contributing to this figure; reference to these is made on page 18.

SANITARY CIRCUMSTANCES.

Rural Water Supplies and Sewerage Acts, 1944-51. Contemplated schemes for water supplies, sewerage and sewage disposal, and for the improvement of existing services, have been submitted by the District Authorities, and in several cases the continued need for national economy has resulted again in schemes being reduced or modified to meet the immediate requirements for new housing.

The following proposals have been examined and reported upon:—

Battle Rural District.

Parish of Battle	Improvement to sewage disposal works.
Asten Fields, Battle	Extension of sewerage.
North Trade Road, Battle	Improvement and extension to water supply.
Parishes of Broomhill and St. Thomas the Apostle, Winchelsea (Camber Sands).	Scheme of sewerage and sewage disposal.
Parishes of Ewhurst, Mountfield, Sedlescombe, and Whatlington.	Scheme of water supply.
Parish of Icklesham (Winchelsea Beach)	Scheme of water supply.
Parishes of Ore and Guestling (Rock Lane).	Extension of water supply.

Chailey Rural District.

Parishes of Chailey and Newick	Revised scheme of sewerage and sewage disposal.
Parish of Plumpton (Plumpton Green) . .	Scheme of sewerage and sewage disposal (first stage).

Cuckfield Rural District.

Parish of Fulking	Scheme of water supply.
Parishes of West Hoathly and Worth (Turners Hill, Withypits).	Extension of sewerage.

Hailsham Rural District.

Parishes of Pevensey and Westham . .	Improvement to sewage outfall works.
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Uckfield Rural District.

Parishes of Crowborough and Rotherfield	Reconstruction of sewage disposal works and trunk sewer.
Parishes of Hartfield and Withyham . .	Revised scheme for sewerage and sewage disposal.
Parish of Rotherfield (Sandhill Lane, Eridge).	Water main extension.

Consideration year by year of the various schemes initiated by the District Authorities for improved water supplies and sewerage shows that some county districts appear to be much more active than others, though it is doubtful whether any could claim that its position with regard to either type of service is yet satisfactory. Merely as an example, while in Hailsham R.D. there have been various schemes for improving water supplies, practically nothing has been done to meet the parallel need to improve the arrangements for sewage disposal, faults in which are aggravated where the provision of a main water supply increases the amount of water used. It is to be hoped that this District Council will now turn its attention to providing or improving sewage disposals in those places where the need has been noticed.

INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-48. During the year 359 samples of food, were examined under the Regulations and all were found to be satisfactory.

Food and Drugs Acts and Milk and Dairies Regulations. The sampling of milk for biological examination has been continued, and during the year 610 raw milk samples were submitted, involving 493 sources of supply. The results are summarised in the following table:—

	Grade of Milk.			Totals.
	Non-designated.	Accredited.	Tuberculin Tested.	
No. of samples taken	490	96	24	610
No. of sources involved	419	56	18	493
No. of supplies found to contain:				
(a) Tubercle bacilli	10 (2.38%)	1 (1.78%)	—	11 (2.32%)
(b) Brucella abortus	30 (7.13%)	4 (7.14%)	—	34 (7.15%)
(c) Brucella melitensis	1	—	—	1

N.B.—The total percentage figures exclude the "Tuberculin Tested" sources.

It is of interest to note that while these samples were taken from the same representative sources as in the previous year, the percentage of ordinary and accredited supplies found to be tubercle infected has fallen to 2.32%, the corresponding figure for 1952 being 4.09%.

In all cases particulars of infected supplies are forwarded to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries and to the Medical Officers of the County Districts.

Investigations of the herds concerned were conducted by the Divisional Veterinary Officer, and as a result nine cows were slaughtered under the Tuberculosis Order. In one case the source of infection was not identified, and one case is still under investigation.

In respect of the *Brucella melitensis* case, two cows were slaughtered under the Brucellosis Melitensis Order.

In addition to the above, 63 samples of "Tuberculin Tested" milk have been taken in connection with school supplies and hospital dairy farms, and in all cases these were reported to be free from tubercle and *Brucella abortus* infections.

Seven notifications of tubercle-infected milk supplies were also received from other Authorities.

This service affords a valuable contribution towards the safeguarding of supplies and eradication of diseased animals, and the co-operation of the Ministry of Agriculture and Fisheries (Animal Health Division) and of all interested Authorities in maintaining satisfactory working arrangements is appreciated.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53. On the 1st January, 1953, 13 Dealer's (Pasteuriser's) Licences were renewed, and during the year two establishments closed down, one licence being re-issued in respect of a change of premises.

Of the 12 existing establishments, four are provided with H.T.S.T. plants and eight have holder type plants.

Routine inspections of plants and dairy operations have been maintained, and the following table shows the results of tests of samples taken from all types of pasteurising plants:—

Class of Milk.	Number of Samples.	Appropriate Tests.	Number of Samples.		
			Passed.	Failed.	Invalid.
Pasteurised	242	Phosphatase Methylene Blue	238 234	4 —	— 8
Tuberculin Tested (Pasteurised) ..	156	Phosphatase Methylene Blue	152 153	4 —	— 3
Totals	398	Phosphatase Methylene Blue	390 387	8 —	— 11

The eight samples which failed the Phosphatase Test all occurred in respect of holder type plants. In five instances the failures were attributed to inaccurate thermometers, and in three cases to faulty operation of the plant.

Examination of Bottles—Pasteurising Establishments. In order to determine the efficiency of the methods adopted in the cleansing of milk bottles, 46 groups of sample bottles have been submitted for bacteriological examination, and of these, eight groups, involving four dairies, were reported to be unsatisfactory.

On investigation, the unsatisfactory results were attributed in three cases to improper use of detergents and/or sterilising agents, and in the fourth instance to contamination from a warm rinse tank.

Milk-borne Food Poisoning. The importance from the point of view of public health of the use of pasteurised milk rather than any grade, however good, of raw milk was well illustrated during the year by an outbreak of milk-borne food poisoning in the Burgess Hill Urban District, particulars of which have been supplied by Dr. W. B. Stott, Medical Officer of Health of that area, who has kindly allowed me to use them.

In the winter of 1953 there was an explosive outbreak of 27 cases of acute food poisoning, the symptoms of which were found to have come on three to four hours after the consumption of milk from one source.

The milk concerned was of T.T. grade from a very satisfactory source and the licensee co-operated to the full in the investigation and management of this outbreak.

To summarise the investigations, which are fully recorded in Dr. Stott's Annual Report for the Burgess Hill U.D., one cow was found to have a sore teat and the same strain of staphylococcus pyogenes was found in this cow's milk, a nose swab from the cowman and the faeces of the 27 patients who receive their milk from this dairy and had similar acute sickness and prostration. (It is interesting to note that nine other cases of food poisoning occurred at the same time; but these had less severe symptoms, derived their milk from other sources, and were found to be suffering from *Shigella Sonnei* infection.)

This type of outbreak caused by organisms in T.T. milk which has not been pasteurised is far from rare and provides a ready answer for those members of the public who appear to imagine that T.T. milk is "safe."

"Milk-in-Schools" Scheme. Supervision of supplies provided under the "Scheme" was continued, and during the year 315 samples were submitted for examination.

In three cases where "bulk" pasteurised milk was being bottled at intermediate dairies, failure of the samples to satisfy the Phosphatase Test was attributed to admixture with raw milk during bottling.

As from the 1st October, 1954, the Regulations will require all pasteurised milk to be bottled at the premises at which it is pasteurised, and the risk of admixture at intermediate dairies will be obviated. Wherever practicable, pasteurised milk is provided as affording the greater margin of safety, and of the 212 school departments participating in the "Scheme," 209 were receiving pasteurised supplies and three receiving "Tuberculin Tested" milk from approved sources at the end of the year. Regular samples of the latter have been submitted for biological examination, and in all cases have been reported to be free from *M. tuberculosis* and *Brucella abortus*.

While the present position is most reassuring, only when pasteurised supplies become available for all schools can it be regarded with equanimity.

INFECTIOUS DISEASES.

Table V in the Appendix sets out the number of notified cases of the diseases listed.

Measles increased in numbers during 1953 to 7,581 (1,606 in 1952) and whooping cough to 1,784 (431 in 1952), the previous highest numbers being 4,948 cases of measles in 1951 and 1,804 cases of whooping cough in 1951.

In spite of this heavy incidence both diseases have remained of a very mild character and the death rate is exceedingly low: the 7,581 cases of measles included two deaths of children four and two years old in an establishment caring for mentally defective children, and the 1,784 cases of whooping cough two deaths also, of infants of eight months and five months of age. Neither of the latter had been immunised against the disease.

No case of diphtheria occurred during the year.

A moderate decrease occurred in the number of cases of scarlet fever notified (619 in 1952, 427 in 1953), though in view of the variable proportion of streptococcal infections due to a strain causing a rash these figures are never of any great significance.

On the other hand, the number of cases of pneumonia rose from 198 in 1952 to 272 in 1953, the rise being well marked in the Borough of Hove but also to be noted in all the rural districts.

The number of notified cases of acute poliomyelitis in the county outside Hove and Portslade was 28 (including 6 non-paralytic), compared with 63 (6 non-paralytic) in 1952. Of these, 12 were of ages up to and including five years, 7 were from five to 15 years, and 9 were over 15 years of age. The youngest was one year and four months old at onset and lived in Newhaven, where no other case had been known for five months previously. Geographically, the distribution showed a general scatter through the county.

Once again it has not been found possible to relate any case of poliomyelitis to a preceding injection for immunisation.

TUBERCULOSIS.

There were 240 notifications of pulmonary tuberculosis in 1953, of which 136 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 31, of which nine were under 15 years of age. The number of notified cases on the registers at the end of the year was 2,378 (1,864 pulmonary and 514 non-pulmonary).

The number of notified pulmonary cases on the registers has risen from 1,768 in 1952 to 1,864, i.e. the number per thousand of the population has risen from 5.22 to 5.56. This increase is due to better ascertainment. The deaths from pulmonary disease, however, have dropped from 47 in 1952 to 42.

The deaths from tuberculosis in 1953 were as follows:—

Pulmonary Tuberculosis:—									Deaths.
Urban Districts	..	..	..	..	..	..	..	..	22
Rural Districts	..	..	..	..	..	..	..	..	20
Other forms of Tuberculosis:—									
Urban Districts	..	..	..	..	..	..	..	..	6
Rural Districts	..	..	..	..	..	..	..	..	2
									—
									50
									—

Reference was made in the report for 1951 to the improved arrangements made by the South-East Metropolitan Regional Hospital Board for the admission to hospital or sanatorium of early cases of tuberculous and those patients requiring investigation; these arrangements have continued to benefit the county. Unfortunately, it is still difficult to secure admission within a reasonably short time of patients requiring operation or other assistance in improving long-standing illness, and the occasional patient who has well-established disease with a positive sputum but is not suitable for actual treatment may be an almost impossible problem to solve on satisfactory medico-social lines.

During 1953 42 deaths in which tuberculosis of the respiratory tract was mentioned as a factor included ten (23.8%) which had not been notified. Some of these were retired persons, two were patients in convalescent homes, and two were members of religious orders. In some cases one might feel doubt whether the presence of tuberculosis was materially related to death. There were no non-notified deaths from non-pulmonary tuberculosis.

Doctors whose tuberculous patients have died non-notified, or whose disease is not promptly notified during life, are sent individual letters.

The above figures in respect of deaths of patients which have never been notified as suffering from tuberculosis give no indication of the additional larger number of patients who may be known as tuberculous for weeks, months or years before they are notified. Although notification of tuberculosis, whether pulmonary or non-pulmonary, became compulsory by 1913, many doctors omit to comply with this duty, which if not carried out may hinder or prevent necessary public health work. If, for instance, one hears of a case

of tuberculous meningitis (the well-known signpost leading to an unknown "open" case) only when the child is discharged from hospital after many months' treatment, the possibility of finding the source of infection is much reduced. Similarly, unless the first bacilli are cultured in order to place them as belonging to the "human" or "bovine" strain additional unnecessary enquiries may be needed, as modern chemo-therapy very rapidly prevents tubercle bacilli being obtained. I am glad to note that although hospitals are probably the worst offenders in not notifying cases, they are showing an increased awareness of the desirability of culturing tubercle bacilli.

Follow-up Contacts. 737 new notifications were received during the years 1949 to 1952 inclusive, and 2,928 new contacts were examined. Of these contacts, 80 (2.7%) were diagnosed as tuberculous. During 1953 there were 216 new notifications and 916 contacts were examined, of whom 21 (2.2%) were found tuberculous.

In this non-industrial county the employment conditions of tuberculous persons in factories and the like give comparatively little cause for anxiety. The chest physicians find that managements are helpful and considerate when asked to co-operate in arrangements in the interests of individual patients and therefore of their fellow-workers.

Whenever a case of tuberculosis is found in a child, a worker in a school, or a farm worker, detailed enquiries are made with the aim of finding the source of the infection. In the case of a school child, this investigation ordinarily takes the form of patch testing the younger children, X-raying the reactors and all the other children, the teachers and all their staff, and enquiries at the home of the actual case. It has been found that whenever the matter is carefully and reasonably explained there is an excellent response from both parents and staff; the children, of course, enjoy the whole affair thoroughly.

Tuberculosis Care and After-Care. The Chest Physicians in the area continued to serve the county, part time, for the purposes of tuberculosis care and after-care; indeed as they themselves point out, the clinical and social aspects of any given patient's illness are so inseparable that a competent clinician cannot deal with one without taking the other fully into account. Discussions take place not only with the Chest Physicians as a group, but with individuals, concerning procedure, principles or individual cases, and these have been found of great value. The friendly co-operation of the Chest Physicians and the workers in sanatoria and hospitals is gratefully acknowledged.

The Sussex Rural Community Council carry on a care and after-care scheme through the six Area Care Committees (including one in Hove and Portslade). The regular meetings of these Care Committees are attended by one or other Chest Physician, the Health Visitor and the Care Almoner, whose duties include general guidance to and liaison among the committees and the sanatoria. Such a post has attached to it a great deal of work as well as much travelling.

The Mass Radiography Unit stationed at Brighton (Director, Dr. B. G. Rigden) has continued to carry out surveys in and near the county. In addition, it has been extremely useful as a means of securing X-ray examination of staff in close contact with organised groups of children, such as nurses, workers in children's homes, and the like, and the ready co-operation of all concerned from the Director downwards is highly appreciated, most of all, perhaps, in the follow-up of contacts in schools where a teacher has been found to have active disease.

Open-air sleeping shelters continue to be repaired and stored in Lewes, and at the end of 1953 24 shelters were in use and 11 in hand.

Under the arrangements for providing rehabilitation and training the following action was taken in 1953:—

One patient completed training and was considered fit for a light post near his home, and was discharged.

Three were still under training at the end of the year.

B.C.G. vaccination was introduced in 1950 as part of the Health Authority's arrangements for the prevention of tuberculosis, and by the end of 1953 the Chest Physicians had

vaccinated 645 persons in East Sussex. In November, 1953, the Authority received Circular 22/53 (with Memorandum 324 B.C.G.) which permits health authorities to submit schemes under Section 28 of the National Health Service Act, 1946, for the vaccination with B.C.G. of school children "towards the end of the year preceding their fourteenth birthday." This is slightly different, perhaps, from the vaccination of school leavers, but is intended to facilitate the follow-up and supervision of vaccinated children for at least a further year after vaccination.

At their meeting in December, 1953, the Health and Housing Committee recommended the County Council to apply to the Minister of Health for his approval of the modification of their proposals under Section 28 to enable them to offer B.C.G. vaccination on the lines set out in Circular 22/53.

During 1953 the Director of the Mass Radiography Unit at Brighton, Dr. B. G. Rigden, who is one of the Chest Physicians associated with the Health Authority in carrying out prevention of tuberculosis, made an attempt to institute in the small town of Newhaven an X-ray survey of the whole population on the lines of that in Rhondda Fach, a report on which was published in October, 1952. The aim was to X-ray every person in the town, to which end the County Council staff were associated not only by helping with publicity but by providing the services of health visitors, who among other duties sought the agreement of parents to all children under 5 being "jelly tested." All those showing negative reaction were then included with the adults for X-ray. The desired result of 100% response was by no means attained, but as Dr. Rigden says, many useful lessons were learnt and he considers that similar services might be attempted in the future in other towns. The estimated population of Newhaven at the time was 7,785; 3,384 were X-rayed, a percentage of 43.6. To this should be added, however, 574 children under five who were "jelly tested," only the reactors being X-rayed; if these are included just over the 50% were examined in one way or another. Nearly all the children under five were seen. Among these 3,958 persons examined, eight were found with active tuberculous disease, an incidence of 2.02 per thousand, which is well below the national rate. It is interesting to note also that no case of intra-thoracic malignant disease was found. It should be remembered that Newhaven had been visited by the M.R.U. in January, 1951, and June, 1952, and the figures for the three visits suggest that a number of cases of tuberculous disease had been discovered which might otherwise have remained undetected until this year.

NATIONAL HEALTH SERVICE ACTS, 1946 to 1949.

HEALTH CENTRES (SECTION 21).

No action has been taken during the year, beyond "reserving" or attempting to retain sites for future building. It is increasingly difficult, however, to maintain a claim to a site against other comers who are able to show a genuine need, as there seems no measurable prospect that any Health Centre as at present understood will be erected in this county, especially when there is nothing to stop general practitioners building individual premises to suit their own needs.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

(excluding Hove and Portslade Sub-Committee area).

Ante-Natal Clinics. On 1st January, 1953, there were six ante-natal clinics based on the "Newhaven" pattern. The Three Bridges Clinic was transferred to West Sussex on 1st April, 1953; the five remaining clinics were held at Bexhill, Burgess Hill, East Grinstead, Newhaven and Uckfield. In these areas the local doctors who are on the obstetric list do their ante-natal work at the County Clinic, attended by the health visitor and the midwife concerned, and their working together in this way enables the expectant mother to be given full care with a minimum of difficulty. 321 mothers attended the clinics during the year; 1,294 attendances were made.

Infant Welfare Centres. The table below shows the position at 31st December, 1953, as compared with a year ago. Six of the centres are conducted directly by the health

authority with the assistance of voluntary workers, while the remainder are conducted by voluntary committees in their respective districts, advised by the health authority's medical and nursing staff, the whole of the approved cost being met by the health authority.

Number of Infant Welfare Centres.				Number of children in attendance.		Total attendances during the year.	
				Under 1 year.	1-5 years.	Under 1 year.	1-5 years.
1952..	..	..	66	1482	4152	15240	16676
1953..	..	..	63	1531	4191	13762	15031

Lewes, the county town, was one of the places for which a clinic building was intended in a sequence planned before 1939, but subsequent events and the shortage of suitable sites have caused a change of plan. Instead, during 1953, alterations were made to the property known as Castlegate House (acquired in 1929 for office and clinic purposes), which made it suitable for use as a clinic. Among other services now conducted there are Welfare Centre sessions and a dental service for expectant and nursing mothers and children under 5 years of age.

Care of Premature Infants. During 1953 there were 176 notified premature live births; 127 were born in hospitals or maternity homes and 49 at home. 151 survived the age of one month. The Authority provide special equipment on loan, including draught-proof cots, hot water bottles, special feeding bottles, etc.

Supply of Dried Milk, etc. Certain welfare foods are distributed at the Centres on the recommendation of the Medical Officer of the Centre. The Ministry of Food's welfare foods are also distributed at actual Welfare Centre sessions or at other times and places at least as convenient to the mothers.

Care of Illegitimate Children. Nineteen unmarried mothers were admitted to hostels during 1953.

Contraceptive Advice. Thirteen women have received instruction under arrangements made with the Brighton and Hastings County Boroughs and the Kent County Council. The instruction is given only to married women where pregnancy would be dangerous to health. The Family Planning Association have established clinics at Haywards Heath, Hove and Eastbourne, where a number of women attend mostly by private arrangement.

Maternity Outfits. During the year 1,238 sterilised maternity outfits were issued to midwives for distribution to mothers being confined in their own homes.

Day Nurseries. The one remaining nursery (at Burgess Hill) was closed on 31st March, 1953. No case of difficulty of a parent in arranging for the care of a child has been brought to the notice of the Authority.

Mothercraft. Instruction in this subject was given by the Assistant County Nursing Superintendents and certain nurses to the senior girls in 18 schools. The course continues to be received with enthusiasm, and of 362 girls entering for examination 321 were awarded certificates of proficiency.

Recuperative Holiday Accommodation. No applications were received for expectant or nursing mothers to receive recuperative holidays.

Residential Nurseries. Residential nurseries have not been established by the Authority, but those conducted by the Children's Committee have been available for children for short periods where this has been necessary on account of lying-in of the mothers, illness or other good reason.

Dental Treatment of Expectant and Nursing Mothers and Infants. The Authority's scheme for dental treatment of expectant and nursing mothers and infants under the age of five years is co-ordinated with the scheme for dental treatment of school children. Treatment is carried out at County Clinics, on hired premises and occasionally at voluntary Infant Welfare Centres. There follows below a report by Mr. P. S. P. Jenkins, Senior Dental Officer:—

REPORT OF THE SENIOR DENTAL OFFICER.

As in previous years, dental treatment under Section 22 was carried out in conjunction with the School Dental Service. As much of the county is rural in character, peripatetic clinics are held in as many centres as possible, attention being paid to the travelling facilities for the patients that exist in each area.

Greatly improved facilities are now available in Lewes through the reconstruction of Castlegate House, but permanent clinics are urgently needed in Hailsham, Crowborough and Battle.

Consideration is again being given to the advisability of purchasing one or more of the dental caravans which are now being used by some other local authorities in similar areas. These caravans necessitate a high initial expenditure, but with the continuing difficulty in building new premises, the lack of existing premises and the unsuitability of many which are being used, the cost may well be worth while.

Despite the care exercised in making the appointments to suit the availability of local transport, much time is wasted through broken appointments. Thus, of the appointments made for expectant and nursing mothers during the year, 23% were not kept.

In the statistical tables of dental treatment given below, the numbers of mothers in (a) are practically identical with those for the previous year, but the treatment figures (b) have increased, particularly in the case of fillings which show an increase of 54% and partial dentures increase 48%.

The figures relating to children under five show a decrease compared with those for 1952. It would appear that more of these children are now able to obtain treatment from private practitioners.

The staffing position improved during the year, rising from an equivalent of 8 1/11 Dental Officers to 10 4/11 at the end of December. This resulted from the appointment of both full-time and part-time Officers, but the strength was still 20% below establishment with very little prospect of the position improving.

Statistics for the year are given in the table below. The figures shown include those of the Hove and Portslade Sub-Committee area:—

(a) Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and nursing mothers. . . .	292	280	260	226
Children under five	456	381	344	320

(b) Forms of dental treatment provided :—

	Extractions.	Local Anaesthetics.	General Anaesthetics.	Fillings.	Scaling or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Radio-graphs.	Dentures provided.	
									Complete.	Partial.
Expectant and nursing mothers	880	156	170	366	192	13	70	5	69	96
Children under five	623	27	256	242	—	122	129	1	—	—

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING (SECTIONS 23, 24 and 25)

(excluding Hove and Portslade Sub-Committee Area).

In the administrative county outside Hove and Portslade a nursing and health visiting service is provided by nurses employed by the County Nursing Association, which is a federation of 53 district nursing associations. On the 31st December, 1953, the total number of nurses (excluding administrative staff) employed was 111, 93 of whom were Queen's nurses.

These nurses were employed in the following categories:—

64 on generalised duties, i.e. midwifery, home nursing, health visiting and school nursing.

21 nurses on combined work, i.e. midwifery and home nursing only.

3 (1 male nurse) on home nursing only.

16 on health visiting and school nursing only.

7 were on part-time relief work, etc.

Of the 85 who undertook midwifery, 84 were qualified to administer gas-and-air analgesia. It is the established policy of the County Nursing Association (supported by the health authority) that midwives shall attend refresher courses at least every four years.

Of the 80 nurses who undertook health visiting 67 held the Health Visitor's Certificate; 13 had been granted dispensation under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, and on 31st December, 1953, eight others were studying for the examination. Refresher courses are also arranged for the health visitors.

It is the policy of the Authority that as many of the nursing staff as possible shall be qualified health visitors. Every year assistance is given through the County Nursing Association to enable 12 candidates, already in posts in the county or from elsewhere, to take health visitor's training. Officers of the Authority give lectures at the Training School at Brighton and pupils there and from elsewhere take part in county work as part of their practical training.

The supervisory work is undertaken by the County Nursing Superintendent, assisted by a deputy and four Area Nursing Superintendents.

In the county outside Hove and Portslade, tuberculosis visiting as well as attendance at clinics conducted by the chest physicians is a function of the Area Nursing Superintendents, who thus strengthen the link between the treatment and prevention aspect of tuberculosis control.

All the health visitors are encouraged to meet their general practitioners and to deal personally with them in the solution of day-to-day problems.

The approved expenses of the County Nursing Association are repaid by the health authority.

Training of pupil midwives is carried on by arrangement between the County Nursing Association and the Mid-Sussex Group Hospital Management Committee. A Part II Training School was established at Cuckfield Hospital, Haywards Heath, in March, 1948, and has been carried on successfully ever since. The Sister Tutor in charge of the School is directly employed by the health authority. The School provides 15 places and, as the training period is six months, the possible annual number of pupils is 30. The following table summarises the work done during 1953:—

Pupils in training on 1st January, 1953	..	..	..	..	..	..	..	11
Pupils received during 1953 (of whom 13 were still in training on 31st December, 1953)	..	..	..	..	..	..	..	29

EXAMINATION RESULTS.

Passes on first attempt	..	..	..	..	..	..	..	25
Passes on second attempt	..	..	..	..	..	..	..	1
Failures	..	..	..	..	..	..	..	1
Number still in training	..	..	..	..	..	..	..	13

The number of certified midwives who notified their intention to practise either temporarily or permanently in the area (excluding Hove and Portslade) during the 12 months ended 31st December, 1953, was 176 and, in addition, 30 notifications were received from maternity nurses.

During the last year or two there appears to be an increasing tendency for women whose names are on the Midwives' Roll to come from elsewhere to this county to look after a particular case, sometimes a personal friend, without notifying their intention to practise. More often than not this is only discovered when the health visitor calls to see the infant. No actual difficulty related to the care of the mother or child occurred during the year, but it is clearly unsatisfactory for such " fly-visits " to take place; and indeed, the enquiries that are made into every such case show other possibilities, such as *bona fide* practice by a woman who was unaware that her certificate as a maternity nurse was, through a technicality, no longer valid. In every case an explanation is sought from the midwife or maternity nurse, but (it must be confessed) the replies are seldom satisfactory.

Medical aid was summoned under the Rules of the Central Midwives' Board in 394 cases, the main reasons for which medical assistance was needed being as follows:—

Ruptured perineum	131
Abnormal conditions during pregnancy	34
Abortions and miscarriages	25
Prolonged labour	37
Other complications at delivery	53
Post natal complications	63
" Sticky " or discharging eyes of infant	24
Other calls	27

Two cases of ophthalmia neonatorum were notified in the health authority's area; neither was serious and no impairment of vision was reported.

Only two cases of retrolental fibroplasia came to notice during the year.

Twenty-five cases of puerperal pyrexia were notified, 11 cases occurring in hospitals and 14 in the patients' own homes or in private nursing homes.

The following tables indicate the work done under the three headings, viz. midwifery, health visiting and home nursing:—

<i>Midwifery</i>		1952	1953
Number of domiciliary deliveries :			
(a) By district nurse midwives		1,210	1,206
(b) By midwives in private practice		29	45
<i>Health Visiting</i>			
Total visits to:—			
(a) Expectant mothers		2,572	2,711
(b) Children under 5 years of age		85,236	75,090
(c) Others		3,507	5,165
<i>Home Nursing</i>			
Number of cases nursed		10,155	10,369
Number of visits		154,024	167,652

As mentioned above, home nursing in this county is combined with other work; in some cases midwifery only, in other cases a full generalised scheme.

It is the Authority's policy, and members of staff are continually encouraged to observe it, that there shall be full, friendly co-operation with general medical practitioners, which is secured very largely by each nurse or district nurse-midwife keeping in touch with the doctors in her district. Home nursing is provided only at the request of the private doctor, which in the case of emergency is sought immediately after the first attendance.

It is unfortunate that during the year five deaths occurred which are classified as maternal deaths; compared with one during 1952, giving a maternal mortality rate of 1.24 instead of .24 in the previous year. The usual practice has been followed of enquiring into all the circumstances of each pregnancy and puerperium, and it would be a fair conclusion that in three cases the deaths were unavoidable and could not have been foreseen. In the other two cases it is possible that a more acute awareness on the part of the patient or those attending her might have reduced the chances of death.

IMMUNISATION AND VACCINATION (SECTION 26)

(excluding Hove and Portslade Sub-Committee Area).

The system of personal delegation of the duties under Section 26 of the National Health Service Act, 1946, to the Medical Officers of County Districts has worked satisfactorily.

The general plan is that parents are approached in the first few months of the child's life and the case for vaccination and immunisation is presented to them. The district nurse-midwives and health visitors are mainly concerned with this, the approaches being made whenever possible in the ante-natal period and in any case during the neo-natal period.

Parents are given the opportunity of asking their own doctors to give either treatment or of attending sessions arranged by the respective district medical officers.

General medical practitioners are encouraged to take part in the work, are supplied with free antigen for diphtheria immunisation (vaccine lymph being obtained direct from the Public Health Laboratory Service) and are paid 5s. for each record in approved form of vaccination or immunisation carried out. General practitioners are also engaged on a sessional basis to take immunisation clinics, which are arranged whenever sufficient acceptances have been received from persons in each area.

In addition to the continued efforts of those in the nursing services, the medical officers of the Authority and of the county districts take every opportunity to advocate immunisation by personal contacts (as, for instance, by follow-up of reluctant parents) and by giving talks in welfare centres and to voluntary organisations.

National publicity material in favour of vaccination and immunisation is largely used to reinforce personal approach, and the Sussex Rural Community Council carry on propaganda on behalf of the Authority.

Although the public interest and concern which were occasioned by the smallpox outbreak in 1951 have long since died down, and consequently the demand for vaccination has dropped compared with that year, the numbers of young children vaccinated in the year (2338) while lower than one would wish, compare favourably with some areas.

Children over Five Years of Age. The card index filing sections of the recording system enable continuous supervision to be kept of the immunisation state in every maintained school, since a return is obtained each term of all new entrants (with a note of whether they have been immunised) and of all those leaving, whether going to other maintained schools or not. The principals of independent schools, of which there are large numbers in the county, are all asked to co-operate in a similar procedure, and their response has been excellent; in many cases the visiting private doctor engaged by the principals also carries out immunisation of the pupils, there being good relations between him and the respective district medical officer. In independent schools the checking of particulars of previous immunisation of pupils is apt to mean more clerical work than when dealing with maintained schools.

In both types of school it is policy that children immunised in early life shall be given a "booster" dose at about 5 years of age and again at about 10 years. The teaching staff in maintained and other schools have been of great help in enabling pupils needing primary or "boost" doses to be treated, often on the school premises.

Details of the numbers of persons vaccinated and immunised in the several districts of the county are given in Tables VI and VII in the Appendix (page 37).

Immunisation Against Whooping Cough. Until after the end of 1953 the only areas in the county where the health authority provided this were (a) the sub-committee area of Hove and Portslade, and (b) Cuckfield Urban District, Burgess Hill Urban District and Cuckfield Rural District. In the latter area a new type of "combined" antigen was used for protection against both diphtheria and whooping cough, which gives promise of being suitable for general adoption.

AMBULANCE SERVICE (SECTION 27)

The County Ambulance Service is operated by both directly operated and voluntary agencies, and since the last period of review there have been no changes in the establishment, which is as follows:—

<i>Directly operated.</i>	<i>St. John Ambulance Brigade.</i>	<i>British Red Cross Society.</i>	<i>Newhaven Nursing Association.</i>
Hove (8)	Battle (1)	Crowborough (2)	Newhaven (1)
Seaford (1)	Bexhill (3)	East Grinstead (2)	
	Hailsham (2)	Haywards Heath (2)	
	Lewes (3) and 1 car	Hurstpierpoint (1)	
	Rye (2)	Uckfield (1)	

Both the directly-owned ambulance stations are staffed by the Authority, and whilst the voluntary agencies engage some full-time drivers, a large amount of the work is done by volunteers from the organisations concerned. Excluding the Hove and Portslade Sub-Divisional area, a total of 21 ambulances and one car cover the administrative county area from the ambulance stations, and by agreement with the local health authorities concerned, the parishes around the Crawley, Eastbourne, Hastings, and Tunbridge Wells areas are covered by ambulances from these towns.

All emergency calls from either side of the county boundary are dealt with by the nearest ambulance concerned, no financial adjustment being made where the emergencies dealt with, such as street accidents or illnesses, are in a public place.

Three new Bedford-Lomas ambulances were purchased during the year to replace Austin ambulances at Uckfield, Crowborough and Haywards Heath. This type of ambulance has been found to be the most economical to run and ideal for the type of work likely to be found in this county. An attempt to standardise the use of this type of vehicle has been found fully justified.

Since the Heathfield ambulance station was closed down on the 31st March, 1951, the area has been efficiently covered by the Crowborough, Uckfield and Hailsham ambulances. In spite of public meetings and unfounded complaints of inefficiency in attending to calls there has not been justification in incurring the expense of placing another ambulance at Heathfield, and the area has been adequately covered.

Records have been kept whereby the cost is recoverable for returning patients from hospitals in this area to addresses in other local health authorities' areas, if discharged within three months of their admission, under Section 24 of the National Health Service (Amendment) Act, 1949. Claims for reimbursement have been made through the County Treasurer. There has been close co-operation between the Hastings, Eastbourne and Brighton Authorities in this connection where East Sussex ambulances contact these authorities when taking patients into hospitals and are able to bring patients back into this area. If necessary ambulances on long distance runs to London and further afield also contact the authority concerned before returning home in order to offer them the use of the returning empty ambulance. If at all possible, prior notice is sent by letter to the authority in question offering these facilities; the only charge made in such cases is for any mileage off the normal return route. Similar facilities have also been offered to us by other authorities bringing patients into this area by car or ambulance.

The arrangements made with the West Sussex County Council for the Crawley ambulance to transport patients from an area around Crawley at an agreed rate per mile are working satisfactorily. The greater part of this area was transferred to West Sussex during the year, as part of Crawley New Town.

Any possible abuse of the service has been watched for, and I would like to thank the general practitioners for their co-operation. A circular letter, being a reproduction of part of Circular 30/51 giving advice on the use of the ambulance service, was sent out to all doctors by the East Sussex Local Executive Council.

Close observation is being maintained by the County Ambulance Officer and the County Organiser of the Hospital Car Service to prevent any misuse of the service. Any complaints of apparent misuse are closely investigated.

Increased use of the railways for transport of patients has been made during the year, as advised by the Ministry of Health, and it is generally agreed by the medical profession throughout the country that this type of transport is more comfortable and quicker for patients, especially where long journeys are concerned. The special railway stretchers purchased for this purpose have been in constant use and a stretcher patient is able to obtain the privacy of a reserved compartment. In this connection I should like to thank the British Railways for their co-operation and help during and at both ends of the railway journey. Thanks in no small way are also due to the L.C.C. Ambulance Service for the efficient way they deal with the transport of patients between terminal stations in the Metropolis. A total of 231 patients were carried by ambulance/train arrangements during the last 12 months, including patients to Scotland, Wales and embarkation points for Eire, which would otherwise have resulted in long and wearisome journeys by ambulance.

The Hospital Car Service, which is organised by Mr. C. H. E. Bath on behalf of the British Red Cross Society and the St. John Ambulance Brigade, continues to work with notable efficiency, and I cannot let the opportunity pass without thanking Mr. Bath, his area transport officers and the volunteer car drivers (which numbered 161 at the end of the year under review) for their co-operation.

Civil Defence Ambulance Section. The Ambulance Section of the Civil Defence Corps continues to flourish and Section training is continuing in all districts. The Section has co-operated with other Civil Defence Sections in exercises throughout the county, and a number of lessons have been learnt from these exercises which would prove useful in the event of an emergency, especially where major disasters are concerned. Help has also been given to other Sections of Civil Defence with the faking of casualties.

Close co-operation and liaison is being maintained between the Ambulance Service and the Police and Fire Services, especially where emergency calls have been passed to the next nearest ambulance station when the ambulance in their area is already out on a call. The Ambulance Service continues to assist its colleagues in the Police and Fire Services when public demonstrations are given.

OPERATIONAL STATISTICS
(not including Hove and Portslade).
Ambulances.

					1952	1953
Mileage	..	..	..	..	245,176	244,732
Patients	..	..	..	..	12,003	13,485

Cars.

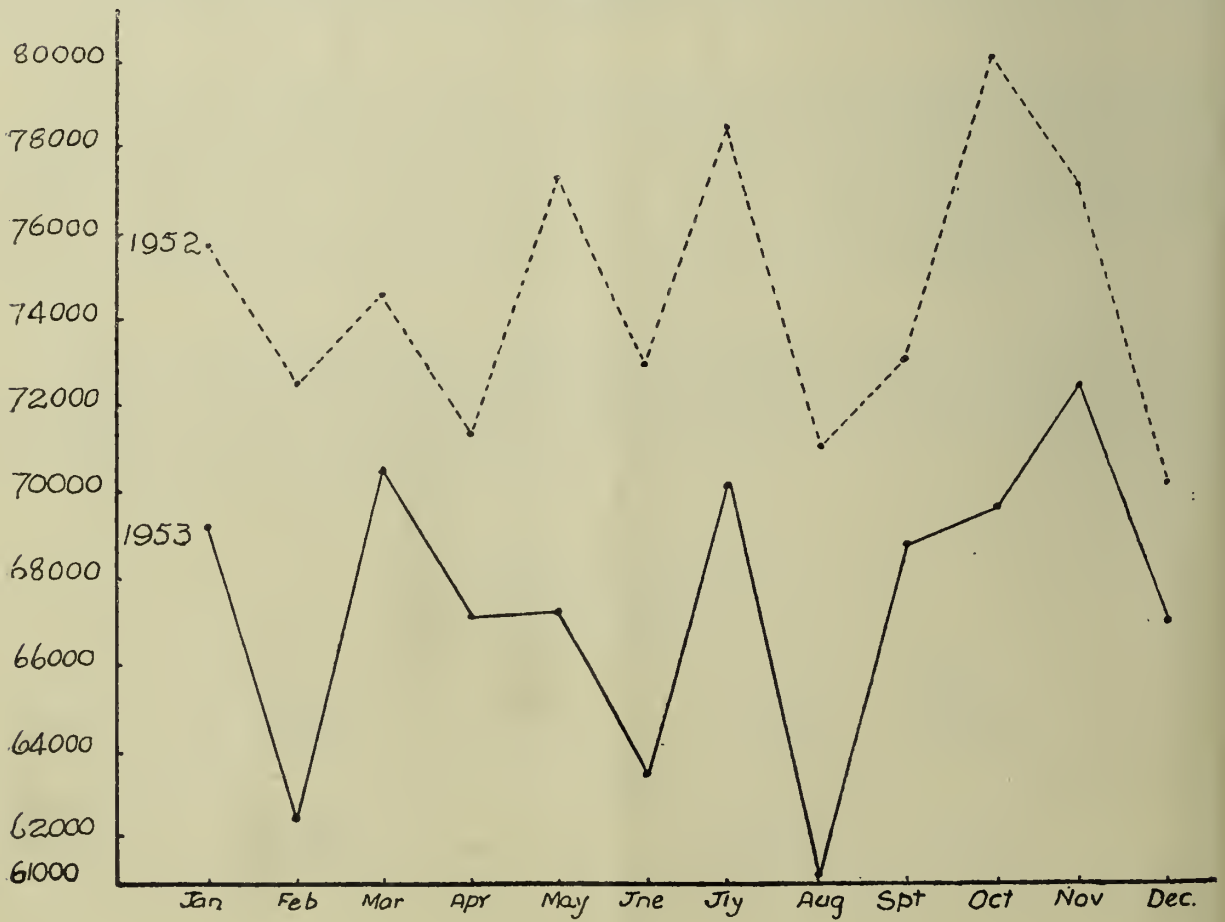
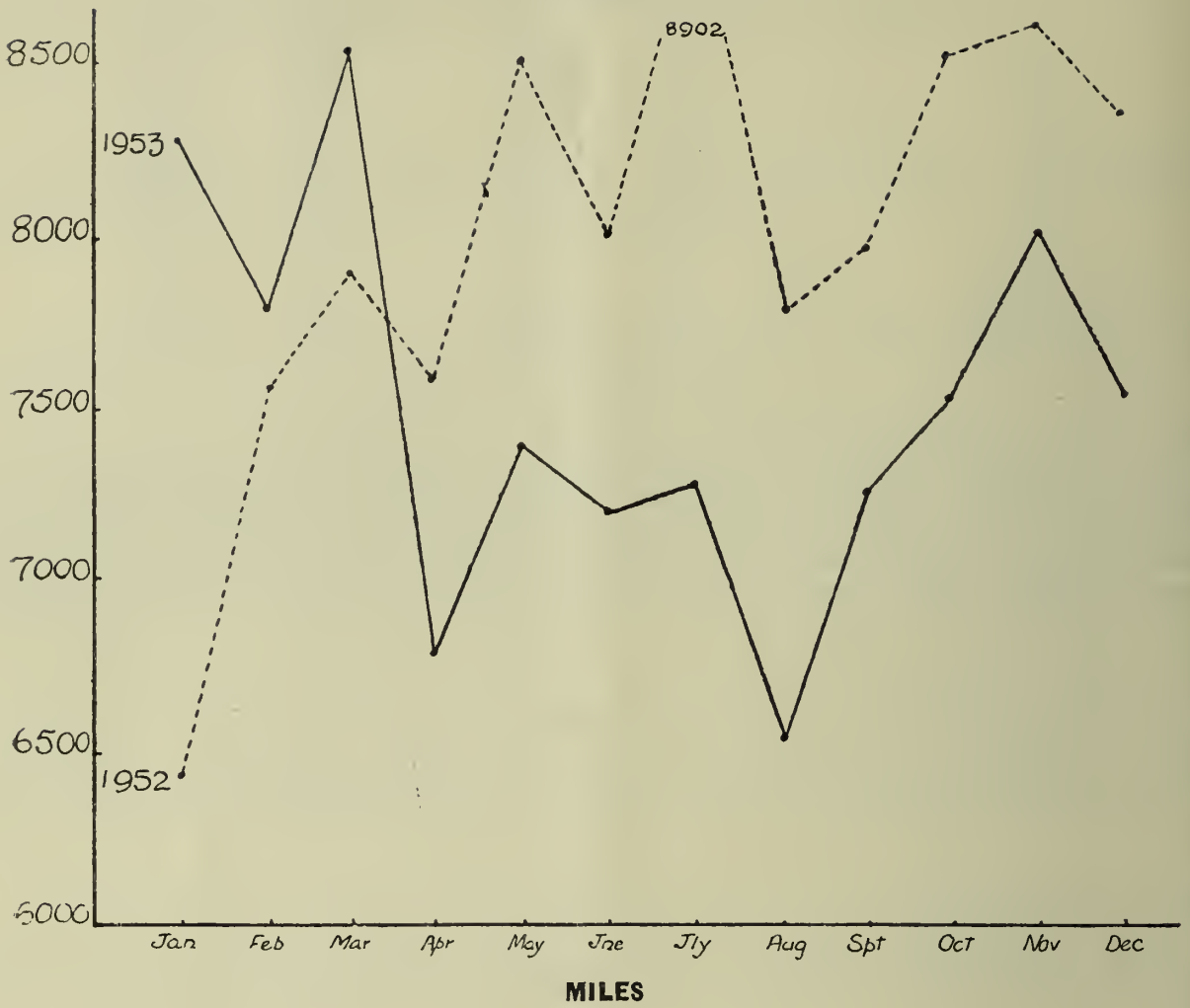
Mileage	..	..	..	..	896,110	810,861
Patients	..	..	..	..	96,549	90,911

MONTHLY FIGURES FOR 1953.

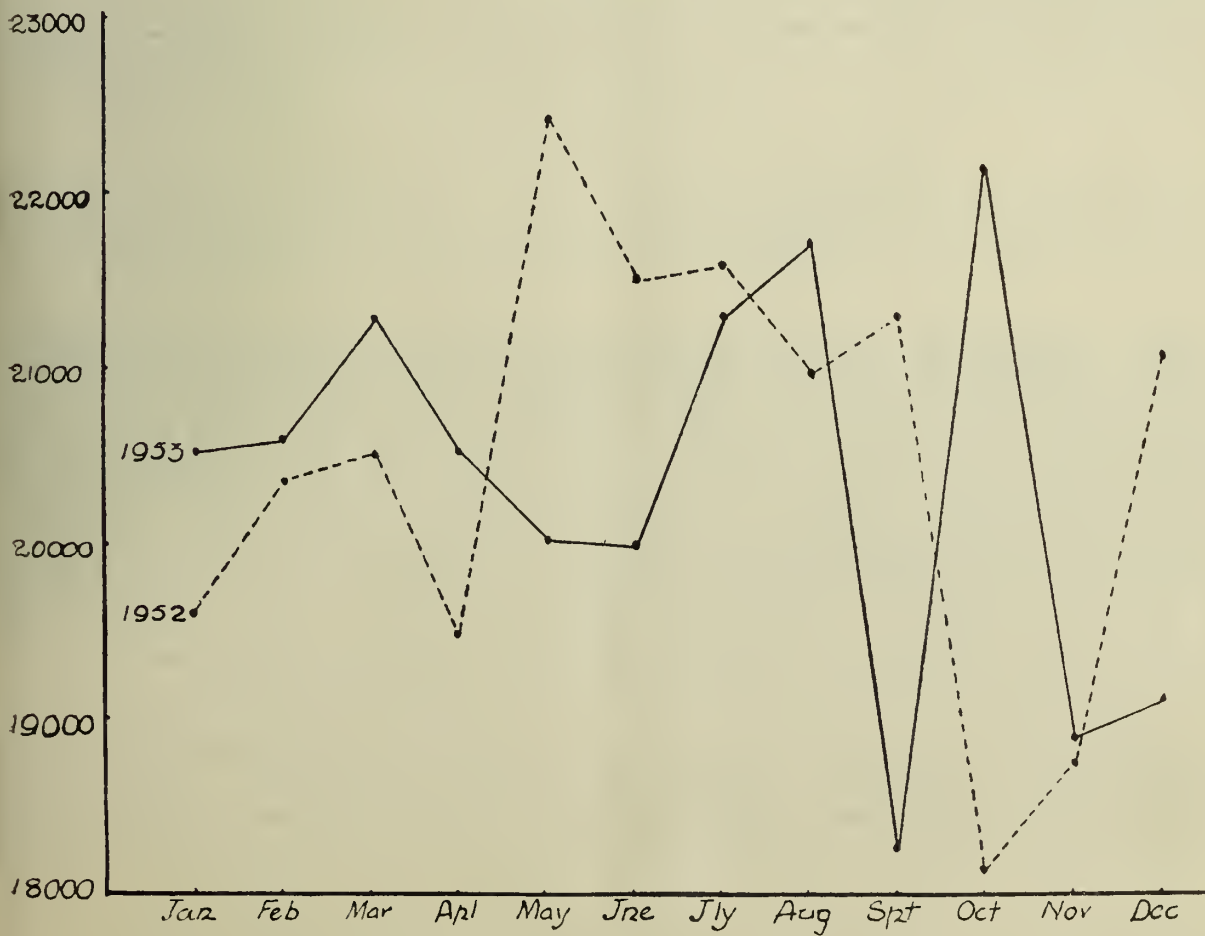
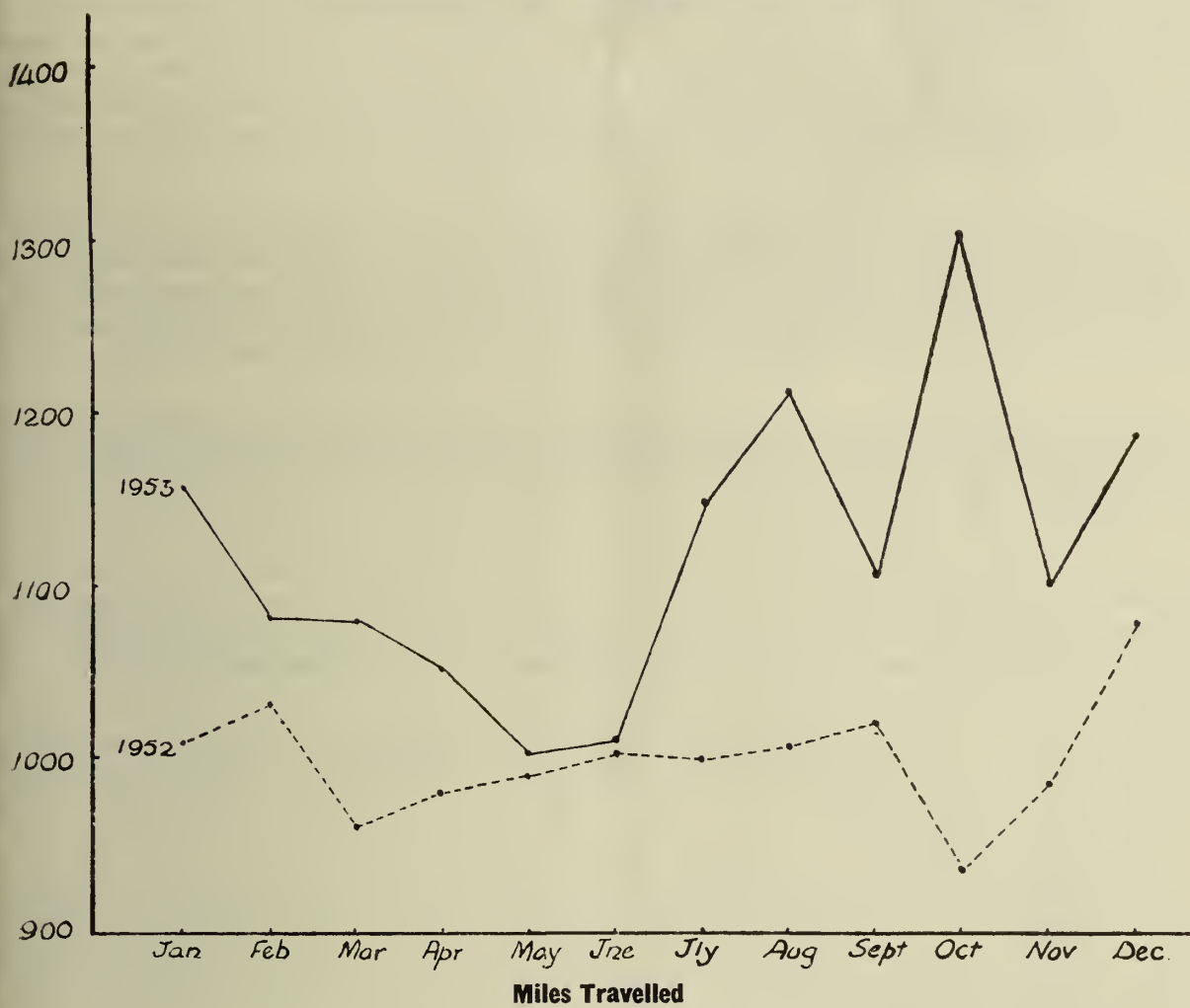
				<i>Ambulances.</i>		<i>Cars.</i>	
				Patients.	Miles.	Patients.	Miles.
January	..	..	..	1,164	20,577	8,266	69,148
February	..	..	..	1,086	20,612	7,808	62,671
March	..	..	..	1,080	21,316	8,625	70,881
April	..	..	..	1,053	20,563	6,891	67,524
May	..	..	..	1,001	20,116	7,406	67,718
June	..	..	..	1,015	20,043	7,224	63,484
July	..	..	..	1,155	21,318	7,367	70,213
August	..	..	..	1,216	21,722	6,646	61,086
September	..	..	..	1,112	18,268	7,264	68,948
October	..	..	..	1,314	22,110	7,642	69,807
November	..	..	..	1,101	18,981	8,086	72,382
December	..	..	..	1,188	19,106	7,686	66,999

The total number of patients still fluctuates, and whilst there has been an increase in the number of patients carried in ambulances, the mileage has decreased. The car mileage has also been reduced considerably and it is thought that the peak mileage figures have now been reached and that everyone who has to call upon the Ambulance Service will continue to give careful consideration as to whether a patient should make use of public transport or at least be able to make part of the journey to and from hospitals and nursing homes by train. Graphs illustrating the development during 1952 and 1953 follow.

SITTING CASE CARS Patients



AMBULANCES
Patients Carried



PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28).

The Authority's arrangements during the year consisted mainly of tuberculosis care and after-care and mental care and after-care, to which reference is made elsewhere. In addition to these services a good deal of work in the sphere of prevention of illness is carried on by nurses and health visitors in the course of their ordinary duties. From time to time, also, requests for assistance to individual patients are received from hospitals and are dealt with according to the circumstances of each case. These patients include a few who, suffering from venereal disease, require visits or advice.

The Authority have made grants in recognition of the continuation by the St. John Ambulance Association and the British Red Cross Society of the "loan cupboards" from which may be obtained items of nursing equipment needed in the treatment and care of patients at home. They have also agreed to provide short holidays for recuperation purposes in the case of selected children recommended by hospitals or other doctors.

Incidence of Blindness. In the Ministry of Health Circular 1/54 it was asked that this Annual Report should include certain particulars of the incidence of blindness and of the care which had been taken to prevent or treat this disability. The particulars are set out below in Tables A and B.

In Table A the figures are set out in two columns under each causative condition, the first column being blind persons and the second partially sighted. In a great many cases the blind person suffers from two or more eye disabilities (e.g. glaucoma and cataract), and the patients have therefore been classified according to the most important defect.

TABLE A.

	Cataract.	Glaucoma.	Retrolental Fibroplasia	Others.	Total.
(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends ..	53 + 9	11 + 3	2 + 0	36 + 15	102 + 27
(a) No treatment	43 + 5	9 + 0	2 + 0	29 + 9	83 + 14
(b) Treatment	10 + 4	2 + 3	0	7 + 6	19 + 13
Medical	2 + 2	1 + 2	—	5 + 4	8 + 8
Surgical	8 + 2	1 + 0	—	0 + 1	9 + 3
Optical	—	0 + 1	—	2 + 1	2 + 2
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5 + 3	1 + 2	—	5 + 5	11 + 10

TABLE B.
OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year ..	2
(ii) Number of cases in which :—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year ..	—

It is not very easy, in completing part (ii) of Table A, which deals with treatment received, to allocate cases correctly without perhaps giving a false impression, since dealing with old people (the average age at entry to records was 71) so many factors are involved. A few died before treatment was received, some gave an uncompromising refusal, others wished treatment postponed for various reasons, and so on. It is considered that any examination, attendance, supervision and so forth which is a proper part of the sequence of really high-standard care (e.g. a waiting period under regular supervision prior to a cataract operation) qualifies the blind person to be entered as having received treatment during the year, and part (ii) of Table A is compiled in this way. It will be seen that out of a total of 32 advised to have treatment only 21 received it, the balance being prevented by one or other factor such as those mentioned above; in every case, however, the proper treatment was available for any patient who was both willing and able to receive it.

Follow-up Arrangements. In this county the Welfare Services Committee carry out the duties laid on the County Council by the National Assistance Act, 1948, the County Welfare Officer being the senior officer with the County Medical Officer as medical adviser.

Work in connection with the welfare of the blind is mainly done through the East Sussex Association for the Blind, a voluntary body with a long and honourable tradition of service dating back to 1921.

Whenever a person is known or suspected to be blind or partially sighted the particulars are referred to the Organising Secretary of the Association, who arranges for examination by a consultant ophthalmologist and the completion of a Form B.D.8 by him whenever appropriate. Subsequent calls by visitors for the blind ensure that whatever advice has been given by the consultant is put clearly to the patient and is followed in so far as the patient allows. This procedure applies in all cases, whether the treatment is to be at hospital or by the general practitioner. Any unusual or difficult case is referred to the County Medical Officer as, also, are children for whom special forms of education may be needed.

References of persons who are suspected of being blind are received from many sources: health visitors and district nurses, voluntary bodies concerned with persons suffering from other defects, general practitioners, consultants and other hospital workers, and last but not least the Area Officers of the National Assistance Board. The latter inform this authority of any ill defective or handicapped persons who come to their notice.

Although it will be seen from the above paragraphs that the follow-up arrangements work well, it must be admitted as unsatisfactory that so many persons appear to reach the stage of being certifiably blind before getting adequate or even, perhaps, any treatment or advice. No accurate figures are available for this area, but it is clear from the information given by the home visitors that many people coming to notice for the first time when already certifiably blind have never sought or received medical advice, or have perhaps failed to attend after a consultation years before.

This cannot in general be held against the general practitioner, since he has responsibility only for advising and treating a patient who approaches him, not for seeking out persons who may have a gradually increasing defect. Even if the patient asks his advice on some other illness, the eye condition, unless specially mentioned, may pass undetected: a man who is feeling ill is hardly likely to mention failing sight, and the headache of which he complains may well be thought part of his acute illness rather than a symptom of developing glaucoma. Moreover, quite a number of persons with cataract deliberately avoid asking advice, either from fear of the treatment or from the mistaken idea they are too old, or too ill in other ways, to benefit.

In the hope of bringing about a small reduction in these cases, the attention of the general practitioners of the county has been drawn to the position. It would seem, however, that the main answer is increased awareness of the general public, brought about by general health education.

Epileptics and Spastics. The ascertainment of both groups is still far from complete; partly because both conditions grade insensibly from the very severe through those slightly affected to the normal person, partly because neither is notifiable, partly because until recently no general arrangements for care and assistance existed. Through the Health Visiting Service the majority of those under the age of five years are known; similarly those in maintained schools and some of those in private schools are known. Of those over the age of 16 a number in both groups have come to the knowledge of the County Council as Welfare Authority under the National Assistance Act, 1948, though as yet no approved scheme is in force. Many require no assistance of any kind.

There are no facilities available under the local health services for spastics or epileptics *as such*, though individuals in either group may receive assistance as the need arises from one or other of the Part III services.

The following table represents the present knowledge of the number of spastics and epileptics.

The numbers given include known mental defectives in which the mental subnormality is the major handicap.

Age Ranges:—					Spastics	Epileptics
0-4	..	..	..	..	9	5
5-16	..	..	..	..	19	18
Above 16	..	..	..	..	77	56

HOME HELP SERVICE (SECTION 29)

(excluding Hove and Portslade Sub-Committee Area).

The number of households assisted under this service during the year 1953 is higher than in any year since the scheme started. The following table gives the numbers for the last four years:—

				Maternity Cases	Tuberculosis	Others	Total
1950..	..	..	..	446	46	569	1,061
1951..	..	..	..	380	53	651	1,084
1952..	..	..	..	362	60	633	1,055
1953..	..	..	..	418	76	714	1,208

It will be noted that there is a steady increase in the number of households with tuberculous members. In the interests of all concerned women who are willing to act as Home Helps in tuberculous households are first examined, both clinically and by X-ray, and a Mantoux test is performed. Only if the examination is satisfactory and the Mantoux test is positive is the Help employed in a tuberculous household. In addition, the Helps are advised of the simple precautions which should be taken to prevent the spread of infection and it is a strictly applied rule that they shall not be accompanied by children.

The area is covered by one Home Help Organiser employed by the local health authority; she is assisted by ten Area Organisers who are members of the W.V.S.

At the end of 1953 ten whole-time helps were being employed and 245 part-time helps.

MENTAL HEALTH (SECTIONS 28, 50 AND 51)

(including Hove and Portslade Sub-Committee Area).

Administration. During the years immediately following the appointed day, the Mental Health Sub-Committee of the Health Committee dealt in detail with the problems, duties, and organisation of the local health authority's functions under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts, but over the past year or two it has been evident that with the smooth integration of the present system, the committee work now entailed did not justify the existence of a separate sub-committee. It was therefore proposed that the day-to-day work connected with these duties should be undertaken by the sub-committee which deals with nursing services and after-care. Ministerial approval was obtained as there were no objections from interested organisations. It was neither proposed nor expected that the change would mean any reduction in the amount of time or attention which should properly be given to mental health work, and final responsibility continues to rest with the Health Committee.

The County Medical Officer of Health is responsible to the Authority for the organisation and medical direction of the service with the assistance of his Deputy and three Assistant Medical Officers. Two of the latter are approved by the Authority for the purpose of signing certificates under the Mental Deficiency Acts, and all are approved by the Ministry of Education for examining and reporting on children believed to be educationally sub-normal.

There are four full-time Duly Authorised Officers, one of whom is a woman. Initial proceedings in providing care and treatment for persons suffering from mental illness are taken by these officers, and in addition to the increasing call upon their services for these statutory duties it is gratifying to note that their advice is now quite frequently sought in all manner of mental health problems, which speaks well for the goodwill engendered by the officers concerned.

The supervision and care of mental defectives in the community are carried out by the same four officers and a whole-time visitor of mental defectives. In addition, a male officer on the central office staff, engaged mainly on administrative duties, is also available in emergency as a Duly Authorised Officer, and, in practice, it is found essential to have such an arrangement. It has still not been possible to arrange a more even distribution of officers, and consequently there are still long journeys to be undertaken to cope with cases in three-quarters of the county area.

The services of all Mental Health Officers continue to be available to institutions under the control of the Hospital Boards for the supervision of patients on licence from institutions for mental defectives. A certain number of guardianship cases belonging to other authorities also find their way into Sussex from time to time, apart from those that are directly supervised and placed by the Guardianship Society. These are visited on behalf of the local health authorities concerned. During the year routine visits were paid to 57 such defectives and reports were made. The supervision of patients discharged on trial from mental hospitals is a duty usually discharged by officers of the Hospital Boards, but supervision would be undertaken on request.

Duties Delegated to Voluntary Associations. The East Sussex Association for Mental Welfare, on behalf of the local health authority, continue to carry out after-care work in respect of persons discharged from the mental hospitals who are recommended by the hospital for such help. Certain mental defectives who have managed to fit into the community to such an extent that they do not require official supervision also receive friendly guidance from the Association, and a County Council grant to cover the cost of this service is made. It is, perhaps, unfortunate that in spite of an improving outlook on the part of the public, the Association continue to find it far from easy to recruit voluntary interest and activity in mental health work.

Community Care. At the end of the year 154 mental defectives were under guardianship, about one-third being under the immediate care of the Guardianship Society of Hove, and 439 were under statutory supervision mainly provided by Home Visitors, who paid 2,694 visits during the year. Eighteen other defectives were seen for the purposes of voluntary supervision.

The Authority do not conduct Occupation Centres, and the question of staff training arrangements does not, therefore, arise.

Certain mental defectives are boarded out in the neighbourhood of the centres run by the Guardianship Society in Hove and Tunbridge Wells. This enables them to attend the centres. Travelling expenses are repaid to parents who wish their children to attend but do not desire boarding out, and similar facilities are offered to parents in the Eastbourne neighbourhood for defectives who can attend the Eastbourne Occupation Centre by arrangement with the Eastbourne County Borough Council. Financial responsibility for fees is accepted for our cases there, and for any who attend at the Local Health Authority Centre at Worthing.

Work towards the prevention of mental illness, care and after-care of the mentally ill, and keeping in touch with mental defectives not subject to official supervision is largely undertaken on behalf of the authority by the East Sussex Association for Mental Welfare.

Mention was made in the last report of the means of ascertainment which have brought to light and official notice a very great proportion of the mental defectives in the county area. There is now a steady stream of references by School Medical Officers and others concerned with child care, and consequently it will become an increasingly rare event to find an adult mental defective previously unknown to us. The number of defectives on the county register amounted, at the end of the year, to a total of 1,017.

Institutional Care. The number of places available to mental defectives is still inadequate, and the Regional Hospital Board give the main reason as lack of staff and this shows little sign of much improvement. In some places recruitment of new nurses does not even keep pace with the retirement of the old ones, and it is forecast that the

waiting list will grow even longer unless there are more recruits. There were 404 East Sussex cases at the end of the year in institutions, and a total of 43 defectives were waiting for places. This is the first full year in which the Ministry of Health scheme for "short-term" care has been in operation, and a number of parents have been helped to obtain a much-needed break from constant attendance, worry and care with results in general family well-being out of all proportion to the administrative trouble involved. The prospect of further relief from time to time enables devoted mothers of low-grade children to carry on until institutional care becomes available. A total of 13 defectives went away for periods up to two months in each case, in the year under review.

Detailed Mental Deficiency Statistics for the Year.

	During 1953.				Total cases on authority's registers as at 1st January, 1954.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1953:</i>								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—								
(i) Local education authorities on children								
(1) While at school or liable to attend school	6	3	—	1	—	—	—	—
(2) On leaving special schools	—	—	6	1	—	—	—	—
(3) On leaving ordinary schools	7	5	1	2	—	—	—	—
(ii) Police or by Courts	1	—	1	—	—	—	—	—
(iii) Other sources	17	3	7	21	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	1	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	4	6	2	6	—	—	—	—
Total number of cases reported during the year ..	35	17	18	31	—	—	—	—
2. <i>Disposal of cases:</i>								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under statutory supervision	12	8	8	23	46	29	194	170
(ii) Placed under guardianship	—	—	—	1	11	1	57	85
(iii) Taken to "places of safety"	1	—	—	1	1	—	—	2
(iv) Admitted to institutions	18	2	7	1	39	32	171	162
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under voluntary supervision	—	—	1	—	—	—	9	8
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	31	10	16	26	97	62	431	427
3. <i>Classification of defectives in the community on 1st January, 1954:</i>								
(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care :—								
(1) In urgent need of institutional care:—								
(i) "Cot and chair" cases	—	—	—	—	6	—	—	—
(ii) Ambulant low grade cases	—	—	—	—	4	1	—	1
(iii) Medium grade cases	—	—	—	—	—	—	—	2
(iv) High grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care :—								
(i) "Cot and chair" cases	—	—	—	—	—	1	—	—
(ii) Ambulant low grade cases	—	—	—	—	5	1	1	4
(iii) Medium grade cases	—	—	—	—	1	1	7	3
(iv) High grade cases	—	—	—	—	1	—	3	1
Total of item 3 (a)	—	—	—	—	17	4	11	11
(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i), number considered suitable for:—								
(i) Occupation centre	—	—	—	—	23	11	13	24
(ii) Industrial centre	—	—	—	—	—	—	16	22
(iii) Home training	—	—	—	—	5	1	8	3
Total of item 3 (b)	—	—	—	—	28	12	37	49
(c) Of the cases included in item 3 (b) number receiving training on 1st January, 1954 :—								
(i) In occupation centre	—	—	—	—	12	5	4	11
(ii) In industrial centre	—	—	—	—	—	—	—	—
(iii) At home	—	—	—	—	—	—	—	—
Total of item 3 (c)	—	—	—	—	12	5	4	11

4. Number of mental defectives who were in institutions, under community care (including voluntary supervision) or in "places of safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

	M.	F.	T.
(a) Ceased to be under care	22	21	43
(b) Died, removed from area, or lost sight of	28	26	54
Total	50	47	97

5. Of the total number of mental defectives under supervision or guardianship or no longer under care.

(a) Number who have given birth to children while unmarried, during 1953	M.	F.
(b) Number who have married during 1953	—	1

Lunacy and Mental Treatment Acts, 1890-1930. The year's work can be summarised as follows:—

Lunacy Act, 1890.

Urgency Orders	4
Summary Reception Orders	64
Three-day Orders	185

Mental Treatment Act, 1930.

Cases admitted for six months as "temporary cases"	—
Voluntary cases	55
Advice and assistance only	51
Miscellaneous visits of enquiry	110

During the past year a record has been kept of voluntary admissions of patients from the county area entering mental hospitals, mainly Hellingly Hospital, Hailsham, and St. Francis Hospital, Haywards Heath. The total of such admissions amounted to 720, and in 55 of these cases Duly Authorised Officers were concerned. They are always willing to give advice and assistance by helping with transport and dealing with the administrative procedure. It is to be hoped that in due course the certification of aged persons to ensure care and protection will become unnecessary, and that senile dementals will be dealt with in other ways. As a matter of interest, the total number of certifications included 49 who were over 65 years of age.

REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH SUB-COMMITTEE DURING THE YEAR 1953.

By N. E. Chadwick, M.A., M.D., D.P.H., Divisional Medical Officer, Town Hall Annexe, Hove.

Owing to a variety of circumstances I was unable to present in 1951 and 1952 my usual reports on the Health Services carried out under the direction of the Hove and Portslade Health Sub-Committee, but I have now found it possible to resume the series for the year 1953. These depend for their statistical basis upon the annual returns required by the Ministry of Health but I always endeavour in the foreword to amplify them as well as to mention some of the administrative developments effected or foreshadowed during the year. In 1951 I had occasion to comment upon the isolationism or separatism which characterised much of the work of the three bodies responsible for administering the National Health Service Act and in 1953 while locally considerable progress has been made in the better understanding and appreciation of common problems and difficulties, there is still a lack of information on future developments particularly at the higher levels. The Ministry of Health in 1952, in an effort to remedy this defect, recommended the establishment of Liaison Committees composed of representatives of all the three components and in some areas of East Sussex they were in fact established, but possessing neither terms of reference nor executive powers, after a few meetings they virtually abolished themselves. It may be that within the framework of the promised reform of Local Government some measure of reallocation to one body of those responsibilities which are shared by at least two out of the present three may lead not merely to a tidier administration but better service to the patient.

MATERNITY SERVICES.

In 1952 the Ministry of Health ruled that the Sussex Maternity Hospital could no longer continue to act as a Part II Training School for the training of Midwives unless the local Health Authorities were prepared to provide facilities for the pupil midwives to obtain training on their districts and were willing to contribute towards the cost. In consequence it was decided that advantage should be taken of this opportunity to unify the service throughout the area by transferring the domiciliary midwifery service in Hove from the whole-time midwives employed by Sussex Maternity Hospital at their 9 Portland Road branch, to District Nurse-Midwives provided by the Hove and District Nursing Association—in Portslade domiciliary midwifery had always been carried out by the District Nursing Association. The changeover finally took place on December 1st, 1953, and administratively no difficulties were encountered. A weekly ante-natal centre under the direction of Dr. Firth, an Assistant Medical Officer, was established in the Infant Welfare Centre premises at Clarendon Villas, and the coincidental opening of the three flats for the Queen's Nurses in Hangleton Road, meant that the northern area of the Borough could be more effectively covered for midwifery as well as home-nursing. The continued pre-

ference for hospital rather than home confinement in the area is shown by the returns for 1950, 1951, 1952 and 1953, where out of approximately 900 births every year, only 150 took place at home. Every case in which the grounds for hospital admission are lack of adequate accommodation and facilities is referred to me, reported upon by the Health Visitor for the district and an appropriate recommendation made to the hospital concerned.

It would appear, however, that the only way of reducing undue pressure on hospital beds and premature discharge of mothers and babies, is by a review of the medical reasons which have hitherto entitled the mother to automatic admission.

In October, 1953, the new scale of Maternity Grants under the National Insurance Act, 1953 included the payment of an additional £3 when the confinement takes place at home. This small amount however, is not likely to be a sufficient inducement to a mother to have her baby there, even though it is not taken into account in assessing the charge for a Home Help.

One new development since my last report which has proved very popular has been the expectant mothers class, under Miss Linton, the Divisional Nursing Officer, held weekly at the Infant Welfare Centre, Clarendon Villas. This differs from an ordinary ante-natal session in that it concentrates entirely upon the teaching of relaxation exercises and the hygiene of pregnancy, and many mothers have testified to the benefit they have received from this instruction at their own deliveries. It is hoped to start a similar class in Portslade in the near future.

INFANT WELFARE CENTRES.

An examination of the returns of attendances at the five Infant Welfare Centres shows that despite the provision under the Act, of a General Practitioner Service open to all, these centres still retain their popularity amongst the mothers, even though in some of them the work is carried out under difficulties and others are not conveniently situated in the area they are designed to serve. In 1953, 2,728 individual children made just over 20,000 attendances.

The new Hangleton Centre, which I mentioned in my 1951 report as a not very encouraging hope for the distant future, was in fact, started in September, 1953, and is expected to be opened during the present year. It is anticipated that this will attract mothers from newly-developed areas north of the Hangleton Road as well as the older housing estates who find the present centre in Holmes Avenue too far distant. It will also enable all our services, including the School Health to be carried on under very much pleasanter and more convenient conditions and will permit of some necessary developments especially on the health education side. It is particularly hoped to extend the dental treatment of the under fives and of the expectant and nursing mothers, which hitherto has been held up because of lack of premises.

In Portslade considerable difference of opinion prevailed at different times about the site of the proposed Mile Oak Centre in Chalky Lane, and certainly until more houses are built in the northern part of that valley it is not likely to be required; but this future need has now been met by the Portslade Council's agreement to sell to the County Council half an acre of land to the east of the original site, which will not only be equally convenient but by making use of the drainage system and other services of the adjacent new school, should lead to an economy in cost. The more pressing need of Portslade and West Hove is for a centre to deal with the southern portion, i.e., below the railway line for whom the entirely inadequate Congregational Hall in St. Aubyn's Road, caters at present. It is, therefore, satisfactory to hear that the Post Office authorities no longer require the corner site in Links Road just north of the level crossing and the erection of a centre on this site should be regarded as a high priority.

HEALTH VISITING.

The establishment of Health Visitors was fixed at nine in 1948—since then two more Infant Welfare Centres, 1,200 more children in the schools and the increase by one-third of the patients at the Chest Clinic, made an additional appointment necessary and this was filled in the autumn of 1953. In that year over and above their sessions at the Infant Welfare and School Clinics, the Health Visitors visited 3,000 families in their homes. An important feature of the Health Visitors' duties is Health Education, and Mothercraft teaching to the older girls, and courses in these subjects are given regularly in the three Secondary Modern Schools. The Area Nursing Officer is responsible for the Hygiene portion of the syllabus of the Pre-nursing Course at the Portslade Secondary Modern School.

One of the results of the new conception of the Health Visitors' responsibility for the welfare of the family as a whole has been the demand for assistance in the care of the aged and there has been an increasing flow of requests to alleviate the lot of many of these cases, either by admission to the Geriatric Unit, to a Welfare home or in other ways. The initial investigation of these cases has fallen almost entirely to Miss Linton, the Area Nursing Officer, who has been compelled to spend an increasing amount of her time on this work. When it is remembered that some 25 per cent. of the total population consists of persons of pensionable age, 78 per cent. of whom are females, many of whom are living alone without friends or relatives to turn to, it is not surprising that this has become the largest social problem in Hove. All that can be done at the moment is to attempt to deal with the most urgent of them, but what is required is the appointment of an experienced Health Visitor who will devote all her time to this service and proposals to this effect will be brought forward during the year.

CONTRACEPTIVE CLINIC.

In March, 1953, the Family Planning Association, a voluntary body which provides contraceptive advice to married couples, by agreement rented the Infant Welfare Centre at Clarendon Villas for one afternoon session a week. It was a condition of the tenancy that under no circumstances should they give advice to single women, but on the other hand they are free to impart it to married women on other than medical grounds—a limitation at present imposed on Local Authority Clinics. The Secretary informs me that since the opening date they have had 331 attendances and for the convenience of working mothers they have recently opened an evening session.

DAY NURSERY.

The Hove Day Nursery is now the only one remaining of those established in the county during the war years and as the need for its continuance had been questioned, I submitted to the September meeting of the Sub-Committee a report setting out in detail the classification of the mothers whose children at that time were in attendance. These are set out in the following table :—

	Children	Families
Priority cases	53	44
Medical grounds or unsuitable home conditions	10	4
Ill health of mother	4	4
Financial grounds—high rent, father working away from home	17	14

Priority cases are those in which the mother is the sole or the main support of the family, and include the unmarried, deserted or divorced wives, and a small number with invalid husbands. A condition of acceptance is that they must be working at least 30 hours per week. The number on the waiting list at that time was 45, but arrangements are always made that priority cases take precedence over those applying for other reasons and since January 1st, 1953, 55 children had been admitted, of which 38 were priority. Although the attendance is subject to fluctuation year by year it is rare for it to fall below a daily average of 19 out of 25 places in the baby nursery and 48 out of 50 in the two-five nursery.

The need for the continuance of the Day Nursery having been accepted, it was possible to carry out the improvements and alterations at the premises at 57 Clarendon Villas, which the Ministry of Health had been pressing for since the purchase had been completed. The external repairs were carried out in the late autumn and included complete refacing and repainting. In the early part of 1954 the interior alterations and redecorations were completed and these included improvements to the kitchen and scullery, the installation of a hand-lift to the first and second floors, extension of the children's sanitary accommodation, the provision of a staff cloak-room and direct access to the playground. These have not only lightened the work of the staff and made the nursery easier to run but have had a noticeable effect upon the children, who now take more pride in avoiding any damage to the walls and paintwork. The Nursery serves a twofold purpose, a daytime home for those children whose mothers go out to work, and a practical training ground for students training for the Nursery Nurses' Certificate, and it is gratifying to note that once again all our students were successful in their qualifying examination.

HOME NURSING.

The arrangement whereby the County Council utilises the services of nurses in the employ of the Hove and Portslade District Nursing Association to carry out their statutory obligation to provide a Home Nursing service in the area of Hove and Portslade has continued and, as explained earlier, extended by a similar arrangement in the case of the domiciliary midwifery service in the Hove area. The 20 or so nurses attached to the two homes attended during 1953, 2,840 patients involving 54,000 visits, of which 60 per cent. were the chronic and aged sick.

The two new nurses' flats in Hangleton—one double, one single, with a district room—the land for which was purchased by the Association in 1951 and handed over to the County Council, were completed, furnished and occupied in time for the takeover of the midwifery service. In 1952 the Association not only purchased No. 5 Sackville Road, Hove, out of voluntary funds, but promised a sum of £300 to the County Council towards the cost of conversion and furnishing of three double flats to be occupied by six nurses. Certain legal difficulties delayed the commencement of this work, but a start has now been made and it is anticipated that these will be completed in the autumn. Among the advantages of this additional accommodation will be the concentration in one building of the staff working in the central and southern part of Hove and the employment it is hoped of a higher proportion of Queen's trained nurses.

PREVENTION AND AFTER CARE.

As explained in the earlier reports the emphasis of this section of the Health Service is mainly on tuberculosis and the appointment of an additional Health Visitor, who has taken over some of the sessions at the Chest Clinic has released the regular Tuberculosis Visitor for more intensive visits to the patients and contacts in their own homes. One noticeable improvement is the reduction in the waiting time for patients recommended for sanatorium treatment, and it is the exception for them now to have to wait longer than three weeks. Great attention has been paid to the discovery and examination of contacts and every effort is made to immunise the child contacts with B.C.G., the total for the year being 52. In November the Ministry of Health announced an extension of the B.C.G. Vaccination scheme by allowing it to be offered to all older school children in the year before they leave. This has been approved in principle by the County Council and the details are now being examined, but one of the difficulties will be the amount of preliminary administrative work required and the present commitments of the School Medical staff.

The Care Committee under the aegis of the Sussex Rural Community Council has continued to supplement the medical and nursing care of patients by making grants of milk, boarding out, where necessary, child contacts and paying the fares of relatives visiting sanatoria.

DOMESTIC HELP.

When the Domestic Help Service was first started it was felt that it would be better developed around a nucleus of whole-time staff but experience has shown that this is neither necessary nor desirable. The demand for this kind of assistance is practically limited to the mornings except for confinement cases when they are required for a limited period all day. In Hove and Portslade, therefore, the service is now provided entirely by part-time helps, regular or casual, who are only paid for the hours they put in. The number of helps employed

in 1953 was 26 and between them they worked 33,000 hours for the benefit of 644 cases, rather more than half of which were aged and infirm. Compared with 1952 there has been a reduction in the demands on the service for acute and emergency cases but a large increase for the chronic and long term cases. Even so it has not been found possible to meet the demand even for intermittent assistance to old people living alone and unable to adequately care for themselves.

AMBULANCE SERVICE.

The calls made upon the ambulance service have increased year by year, and although they have been hard pressed at times they have as yet never failed to respond to an emergency call, although on occasions these have had to be met by a driver without an attendant. The arrangement whereby when the station is unmanned, calls are automatically switched through to the Fire Station, and in case of urgency transferred to the Brighton Ambulance Service, has continued to provide a necessary cover at times. Reciprocity is not normally required, but we in similar manner cover Shoreham and Southwick. A considerable saving in unnecessary mileage is achieved by the drivers ringing up the station as soon as they have discharged a patient at any of the local hospitals, whence they can be directed to another call without first returning to the depot. In order to relieve Brighton of transporting those patients discharged from Brighton Hospitals into our area, details of intended discharges are obtained the day before and wherever possible fitted into the return journeys of our empty vehicles.

Of the 10,000 calls received during the year about 10% were for accidents and other emergencies, the remainder being divided between patients requiring transport to hospital and those suffering from crippling defects and out-patient attendances for various investigations and treatments. So far as long distance journeys are concerned every effort is made to arrange these by train—relatives do not always realise that through the co-operation of British Railways a compartment can be reserved and the journey completed with much less fatigue and in a shorter time than by ambulance.

The new garages at the Hove Corporation Yard were commenced in 1953 and finally completed and occupied in April, 1954. Not only are all the vehicles now housed under cover in one place but many miles in taking them to and fro from private garages in Holland Road are saved. The living accommodation for the crews is also much improved, and next winter will be centrally heated by generated heat from the Dust Destructor.

DIPHTHERIA IMMUNISATION AND VACCINATION.

The general scheme for providing facilities for both immunisation against diphtheria and vaccination against smallpox has been continued on the lines on which it was established in 1948, except that normally a combined preparation protecting against diphtheria and whooping cough is used instead of the single one against diphtheria only. Reinforcement injections against diphtheria are given in all primary and secondary schools. It is difficult without a very detailed examination of all the records to find out exactly what proportions of the infants eligible for protection against these groups of diseases were in fact protected. It is estimated that for the whole area it is in the nature of 57% against diphtheria and 43% against smallpox. Both of these percentages are far too low to safeguard the community against the reintroduction and spread of these infections, but in their absence it is difficult to persuade many parents of the vital necessity of these simple precautions.

GENERAL ADMINISTRATION.

I should like in conclusion to express my thanks to all the members of my staff, whether whole- or part-time, who contributed so materially to the smooth running and efficiency of the service. To Dr. Langford, the County Medical Officer of Health, I am grateful for continuous assistance and advice, and to the Chairman and members of the Health Sub-Committee I am greatly indebted for consideration and encouragement throughout the year.

N. E. CHADWICK,
Divisional Medical Officer.

MEDICAL EXAMINATION OF STAFF.

During the year the medical examination of staff prior to appointment has continued to be carried out in the main by doctors employed by the Authority. With nurses, care-takers and domestics being eligible for inclusion in the Council's superannuation scheme, and together with the examination of prospective teachers, the amount of time spent on this work is likely to rise, especially if other groups become eligible. The figures for 1953 are as follows:—

Number examined by whole-time medical officers on the staff	157
Number examined by part-time assistant school medical officers and medical officers of homes	112
Number examined by private practitioners on behalf of the County Council	23
	<hr/>
	292
	<hr/>

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

At the end of the year four nurseries and seven daily minders had been registered, providing for 137 children. In the Hove and Portslade sub-committee area seven daily minders had been registered.

REGISTRATION OF NURSING HOMES.

Two Homes were registered for the first time during the year. At the end of the year there were 38 registered Nursing Homes in the Authority's area (i.e. outside Hove). The Borough of Hove retain the duties in this respect delegated to them in 1928.

The Nursing Homes in the county (with very few exceptions) have been found at inspections to be efficiently conducted.

REGISTRATION OF NURSING AGENCIES.

At the end of the year there were two Nursing Agencies registered in the county area outside Hove and Portslade.

ADMINISTRATIVE COUNTY OF EAST SUSSEX.
CHIEF VITAL STATISTICS FOR THE YEAR 1953.

TABLE I.

Group.	Population estimated by Registrar-General mid-1953.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases not including Influenza.		Deaths from all causes.
		No.	* Rate.	No.	* Rate.	No.	† Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.
3 Large Towns	108190	1145	10.58	1753	16.2	21	18.34	648	5.99	12	.11	1	.01	135	1.25	302
7 Other Urban Districts	73410	867	11.81	1039	14.15	21	24.22	364	4.96	10	.14	5	.07	77	1.05	174
5 Rural Districts	153500	1926	12.4	2214	14.25	38	19.73	824	5.3	20	.13	2	.01	200	1.29	334
Whole County	335100	3938	11.69	5006	14.86	80	20.31	1836	5.45	42	.12	8	.02	412	1.22	811

† Rates calculated per 1,000 of the registered live births. * Crude Rates calculated per 1,000 of the estimated population.
The Register-General has supplied, for the purpose of calculating the birth and death rates, an adjusted figure for the population of Cuckfield Rural District (26880) and for the County as a whole (336960) consequent upon the alteration in the boundary in connection with the creation of Crawley New Town.

TABLE II.

DISTRICT.	Area in statute acres (land and inland water).	Population esti- mated by Regis- trar-General, Mid-1953.	Live Births.		Stillbirths.			Deaths under 1 year of age.		Deaths at all Ages Belonging to the District.
			Number.	Crude Rate per 1,000 population.	Number.	Crude Rate Rate per 1,000 population.	Rate per 1,000 Total Births.	Number.	Rate per 1,000 Live Births Registered.	
<i>Three Large Towns:</i>										
Bexhill	7993	25700	248	9.65	3	.12	11.95	8	32.26	426
Hove	3953	69370	709	10.22	11	.16	15.28	9	12.69	1182
Lewes	1988	13120	188	14.33	4	.3	20.83	4	21.28	145
TOTALS ..	13934	108190	1145	10.58	18	.17	15.48	21	18.34	1753
<i>Seven other Urban Districts:</i>										
Burgess Hill	2024	8748	112	12.81	2	.23	17.54	1	.89	113
Cuckfield	3912	17010	202	11.88	2	.12	9.8	5	24.75	274
East Grinstead	6600	11360	117	10.3	5	.44	40.98	5	42.74	160
Newhaven	1772	7832	126	16.00	5	.64	30.17	2	15.87	148
Portslade-by-Sea	1953	13530	151	11.16	—	—	—	3	19.87	150
Rye	1027	4570	75	16.41	2	.44	25.97	2	26.66	66
Seaford	4274	10360	84	8.11	—	—	—	3	35.71	128
TOTALS ..	21562	73410	867	11.81	16	.22	18.12	21	24.22	1039
<i>Five Rural Districts:</i>										
Battle	117147	20700	379	12.76	6	.2	15.58	7	18.47	428
Chailey	64205	18840	233	12.37	4	.21	16.88	2	8.58	356
Cuckfield	70086	25020	342	12.72	8	.3	22.86	9	26.32	326
Hailsham	94668	36340	447	12.3	10	.28	21.88	8	17.9	600
Uckfield	112096	43600	525	12.04	9	.21	16.85	12	22.86	504
TOTALS ..	450102	153500	1926	12.4	37	.24	18.85	38	19.73	2214
Whole County	494592	335100	3938	11.69	71	.21	17.71	80	20.31	5006

TABLE III.

NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1953.

Urban Districts.										Rural Districts.							
Sex.	All ages.	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over.	All ages.	0-1	1-5	5-15	15-25	25-45	45-65	65 and over.
Males	1218	24	3	5	8	35	248	349	546	1022	20	5	4	9	27	197	302
Females	1574	18	6	7	2	36	211	383	911	1192	18	8	4	5	39	163	274
TOTALS ..	2792	42	9	12	10	71	459	732	1457	2214	38	13	8	14	66	360	576

TABLE IV (a).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1953 IN THE URBAN DISTRICTS.

USES OF DEATH.	Deaths, in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District at all ages.											
	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and over.	Totals.	BOROUGHES.										
										Bexhill.	Hove.	Leves.	Rye.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portsmouth-by-Sea.	Seaford.	
Tuberculosis, Respiratory ..	—	1	—	—	3	11	7	—	22	3	9	—	3	—	2	1	2	—	2	
Tuberculosis, other ..	—	—	1	—	2	1	—	2	6	—	1	—	—	2	—	1	—	1	—	
Illitic Disease ..	—	—	—	—	—	1	2	2	5	—	—	2	—	—	—	—	—	1	2	
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough ..	2	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	—	—	—	
Bacterial Infections ..	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	
Epidemic Poliomyelitis ..	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	
Scarlet Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Infective and Parasitic Diseases ..	—	—	—	—	1	3	1	2	7	1	3	—	—	—	—	1	1	1	1	
Malignant Neoplasm, Stomach ..	—	—	—	—	3	16	21	21	61	11	23	2	1	2	12	—	7	2	1	
Malignant Neoplasm, Lung, Bronchus ..	—	—	—	—	1	38	18	12	69	8	33	4	—	5	4	4	1	9	1	
Malignant Neoplasm, Breast ..	—	—	—	—	6	19	20	21	66	9	28	2	2	3	8	4	2	5	3	
Malignant Neoplasm, Uterus ..	—	—	—	—	1	6	4	4	15	6	7	—	1	—	—	—	1	—	—	
Other Malignant and Lymphatic Neoplasms ..	—	—	2	—	6	72	82	103	265	38	116	15	8	10	22	16	10	14	16	
Leukaemia, Aleukaemia ..	—	1	—	—	—	2	3	2	8	2	4	1	—	—	—	—	1	—	—	
Diabetes ..	—	—	—	—	—	2	3	3	8	1	5	—	—	—	—	1	—	1	—	
Other Lesions of Nervous System ..	—	—	1	1	3	51	136	254	446	93	177	14	5	20	46	34	14	19	24	
Coronary Disease, Angina ..	—	—	—	—	4	62	109	148	323	63	151	8	4	15	34	16	10	12	10	
Hypertension with Heart Disease ..	—	—	—	—	—	7	13	37	57	11	25	1	4	2	3	4	2	4	1	
Other Heart Disease ..	1	—	1	—	6	31	122	471	632	74	265	50	16	29	59	38	43	33	25	
Other Circulatory Disease ..	—	—	—	1	13	24	68	107	197	11	41	3	2	2	15	14	15	1	3	
Emphysema ..	1	1	—	—	1	8	28	42	81	2	45	4	2	3	10	3	7	5	—	
Pneumonia ..	3	2	—	—	2	22	19	59	107	11	53	7	2	3	13	2	4	7	5	
Tracheitis ..	1	—	—	—	1	17	24	41	84	18	35	—	2	1	8	4	9	3	4	
Other Diseases of Respiratory System ..	1	—	—	2	—	6	4	8	21	4	5	2	—	—	3	4	—	3	—	
Other of Stomach and Duodenum ..	—	—	—	—	3	6	10	10	29	6	13	—	3	—	—	—	1	4	2	
Gastritis, Enteritis and Diarrhoea ..	—	—	1	—	1	1	6	1	10	—	6	—	—	2	1	—	1	—	—	
Nephritis and Nephrosis ..	—	—	—	1	2	9	9	12	33	3	19	1	—	2	—	2	1	4	1	
Hyperplasia of Prostate ..	—	—	—	—	—	2	10	11	23	1	10	3	1	1	1	—	1	3	2	
Pregnancy, Childbirth, Abortion ..	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	
Genital Malformations ..	9	—	—	—	—	2	1	—	12	1	3	1	2	—	2	2	—	—	1	
Other Defined and Ill-Defined Diseases ..	20	2	2	3	11	42	40	87	207	34	68	17	4	5	25	9	11	12	22	
Motor Vehicle Accidents ..	—	2	—	—	2	1	—	2	7	—	4	—	1	—	—	—	—	1	1	
Other Accidents ..	1	—	4	—	4	3	7	20	48	6	20	6	2	3	4	2	1	4	—	
Suicide ..	—	—	—	1	5	4	9	4	23	3	10	3	1	3	1	—	1	1	—	
Execution and Operations of War ..	2	—	—	1	—	1	—	1	5	3	1	—	—	—	—	—	1	—	—	
All Causes	42	9	12	10	71	459	732	1457	2792	426	1182	145	66	113	274	160	148	150	128	
Of Infants under 1 year:	Total 42									Illegitimate 3										

TABLE IV (b).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1953 IN THE RURAL DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District, at				
	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and over.	Totals.	Battle.	Chailey.	Cuckfield.	Hailsham.
1. Tuberculosis, Respiratory	—	—	—	—	6	8	3	3	20	3	5	1	—
2. Tuberculosis, Other	1	—	—	1	—	—	—	—	2	1	—	—	—
3. Syphilitic Disease	—	—	—	—	2	2	3	1	8	3	1	1	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	1	—	—	—	—	—	1	—	—	—	—
8. Measles	—	2	—	—	—	—	—	—	2	2	—	—	—
9. Other Infective and Parasitic Diseases	—	—	—	—	1	2	1	1	5	2	—	—	—
10. Malignant Neoplasm, Stomach	—	—	—	—	—	6	16	13	35	10	2	5	—
11. Malignant Neoplasm, Lung, Bronchus	—	—	—	—	2	21	16	6	45	5	10	10	—
12. Malignant Neoplasm, Breast	—	—	—	—	4	15	11	7	37	8	5	6	—
13. Malignant Neoplasm, Uterus	—	—	—	—	2	4	3	4	13	1	2	1	—
14. Other Malignant and Lymphatic Neoplasms	—	—	—	1	10	61	62	72	206	34	39	28	—
15. Leukaemia, Aleukaemia	—	1	—	—	—	2	3	1	7	3	2	2	—
16. Diabetes	—	—	—	1	1	1	3	6	12	2	3	3	—
17. Vascular Lesions of Nervous System	—	—	—	—	5	35	88	167	295	68	40	46	—
18. Coronary Disease, Angina	—	—	—	—	—	50	96	140	286	43	45	41	—
19. Hypertension with Heart Disease	—	—	—	—	—	3	13	29	45	13	8	3	—
20. Other Heart Disease	—	—	—	—	5	23	105	360	493	106	96	81	—
21. Other Circulatory Disease	—	—	—	—	1	21	31	64	117	21	17	13	—
22. Influenza	—	—	1	—	1	7	9	27	45	2	10	10	—
23. Pneumonia	5	1	—	—	2	9	19	74	110	11	25	9	—
24. Bronchitis	—	—	—	—	1	11	25	41	78	7	11	12	—
25. Other Diseases of Respiratory System	—	—	—	—	1	4	4	3	12	3	2	2	—
26. Ulcer of Stomach and Duodenum	—	—	—	—	2	1	11	11	25	4	2	6	—
27. Gastritis, Enteritis and Diarrhoea	—	—	1	—	1	2	3	2	9	3	1	2	—
28. Nephritis and Nephrosis	—	—	—	—	2	7	7	4	20	6	—	3	—
29. Hyperplasia of Prostate	—	—	—	—	—	—	5	9	14	2	3	1	—
30. Pregnancy, Childbirth, Abortion	—	—	—	—	4	—	—	—	4	—	—	1	—
31. Congenital Malformations	6	2	2	1	2	3	1	—	17	5	2	1	—
32. Other Defined and Ill-Defined Diseases	25	4	1	3	6	33	33	64	169	45	14	22	—
33. Motor Vehicle Accidents	—	1	1	5	1	11	1	1	21	2	3	6	—
34. All Other Accidents	1	2	1	—	3	6	5	21	39	6	5	8	—
35. Suicide	—	—	—	1	1	11	6	1	20	6	3	2	—
36. Homicide and Operations of War	—	—	—	1	—	1	—	—	2	1	—	—	—
All Causes	38	13	8	14	66	360	583	1132	2214	428	356	326	6

Deaths of Infants under 1 year: Total 38 Illegitimate 2

TABLE V.
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1953.
(Not including cases of Tuberculosis, details of which are given on Page II.)

	Total for Administrative County.	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT.															
		Boroughs.					Urban Districts.						Rural District				
		Hove.	Bexhill.	Leves.	Rye.	Totals.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portslade- by-Sea.	Seaford.	Totals.	Battle.	Chailey.	Cuckfield.	Hailsham.
Scarlet Fever	427	78	62	17	2	159	1	7	8	20	24	2	71	29	11	25	82
Whooping Cough	1784	176	220	149	26	580	50	43	130	41	32	13	309	214	179	97	197
Acute Poliomyelitis—Paralytic	26	4	3	1	—	8	—	—	1	2	—	—	3	6	—	1	5
Acute Poliomyelitis—Non-Paralytic	12	5	—	—	—	5	—	—	—	—	1	—	1	1	—	2	1
Measles	7581	963	274	189	156	1582	67	474	326	304	390	420	2041	1051	370	554	688
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia	272	73	10	9	10	102	5	29	7	3	21	6	71	29	12	11	22
Dysentery	57	10	—	3	—	13	—	12	—	—	—	—	12	2	1	13	13
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—Infective	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Acute Encephalitis—Post-Infectious	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers	5	—	1	—	—	1	—	3	—	—	—	—	3	—	—	—	—
Erysipelas	47	8	2	4	2	16	1	1	3	2	2	2	11	3	4	3	9
Meningococcal Infection	5	1	1	—	—	2	—	1	—	—	—	—	1	1	1	—	—
Puerperal Pyrexia	28	2	4	—	—	6	1	12	—	1	1	—	15	—	—	1	3
Ophthalmia Neonatorum	2	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—
Malaria	2	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—
Food Poisoning	21	4	—	1	—	5	—	2	—	—	—	—	2	1	4	7	—
Totals	10273	1324	586	374	196	2480	125	586	475	443	471	443	2543	1330	582	714	1021

TABLE VI.
VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1953.

District.	Age under 1 year.		Age 1 year.		Age 2 to 4 years.		Age 5 to 14 years.		Age 15 years or over		Totals all Ages.	
	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.
Wharfedale:												
Wharfedale	187	—	6	—	10	8	6	35	17	153	226	196
.. ..	368	2	19	1	12	9	8	22	22	199	429	233
.. ..	74	—	5	—	2	1	7	4	—	47	88	52
.. ..	53	—	2	1	1	1	5	3	2	15	63	20
West Yorkshire:												
West Yorkshire	81	1	2	2	2	3	2	6	4	40	91	52
.. ..	137	3	11	—	8	5	3	16	3	75	162	99
.. ..	113	1	3	—	1	5	6	11	7	64	130	81
.. ..	38	—	—	—	2	—	1	1	2	7	43	8
.. ..	97	—	6	—	—	3	25	28	11	31	139	62
.. ..	37	—	1	—	4	5	3	20	1	51	46	76
West Riding:												
West Riding	248	—	9	—	15	4	9	22	15	94	296	120
.. ..	123	—	1	—	5	3	3	8	3	49	135	60
.. ..	246	—	14	2	8	1	26	18	9	84	303	105
.. ..	195	—	16	—	14	7	4	14	11	70	240	91
.. ..	341	1	22	2	7	5	15	38	16	116	401	162
Totals	2338	8	117	8	91	60	123	246	123	1095	2792	1417

TABLE VII.
DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1953.

(a) IMMUNISATION IN RELATION TO CHILD POPULATION.

District.	Number of Children (in age groups as given) whose last course of injections (whether primary or booster) was given during—						Total Number of Children under 15 Immunised.	TOTAL* Estimated Mid-Year Child Population. 1953.		Total Estimated Mid-Year Child Population 1953.
	1949 to 1953				1939 to 1948			Children Under 5.	Children 5-14.	
	Under 1 Born 1953.	1-4 Born 1949-52.	5-9 Born 1944-48.	10-14 Born 1939-43.	5-9 Born 1944-48.	10-14 Born 1939-43.				
<i>ghs:</i>										
hill	25	852	1276	1180	394	499	4226	1307	3925	5322
ve	13	1726	3050	1771	830	1146	8536	3506	7695	11201
ves	13	560	870	740	160	80	2429	880	1957	2837
e	6	251	362	108	15	157	899	360	669	1020
<i> Districts:</i>										
rgess Hill	23	499	614	200	193	469	1998	647	1502	2149
ckfield	73	779	1050	276	356	964	3498	991	2579	3570
st Grinstead	30	572	618	96	403	1017	2742	809	1683	2492
hwhaven	9	496	350	385	254	71	1565	641	1104	1745
tslade	6	332	905	830	183	283	2539	913	2126	3039
ford	13	372	295	370	495	257	1802	615	2180	2795
<i> Districts:</i>										
ttle	26	1266	2050	598	164	1320	5424	1960	4607	6567
hiley	22	811	546	597	625	333	2934	1393	3114	4507
ckfield	92	1182	1492	458	362	1463	5049	1874	3766	5640
ilsham	32	1272	1922	1369	595	1097	6287	2372	5123	7495
ckfield	107	1859	1631	358	1448	2753	8156	2742	7170	9912
Totals	496	12829	17031	9342	6477	11909	58084	21100	49200	70300

b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1953.

Age at final injection:—

Under 5 years	3211
Five to 14 years	485

3696

c) Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to a full course) in the Administrative County Area in 1953

4922

*The Registrar-General has supplied the estimated figure for the child population of the administrative county as a whole only. The figures for the districts have been estimated by applying to the 1951 figures the same rate of variation as between the Registrar-General's figures for the whole county for 1951 and 1953, after making the necessary adjustment for boundary alterations.

